

# MISSOURI

## STATE BOARD OF NURSING NEWSLETTER



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## Message from the President

**Rhonda Shimmens, RN-C, BSN, MBA**

### August 28, 2015 Joint Regulatory Patient Safety Conference

On August 7, 2014, four health boards (nursing, pharmacy, healing arts and dental) sponsored their first Joint Regulatory Patient Safety conference. The daylong conference included sessions on promoting a culture of safety, medication reconciliation, inter-professional collaboration, second victim syndrome and professional burnout.

We are excited to announce we are now planning our second annual conference for Friday, August 28, 2015, at the Capitol Plaza Hotel in Jefferson City, Missouri. We have expanded our partners to include other health regulatory boards including chiropractors, licensed professional counselors, social workers, sign language interpreters, psychologists and respiratory care therapists. All of our regulatory boards are unified in our public protection mission and are committed to jointly convening to identify strategies to improve patient safety. Providing patient-centered care is an approach that requires a team of healthcare providers to work in unison to provide the most effective treatment. We all know that health care providers don't practice in silos. They interact daily, and their patient's wellbeing depends on their ability to communicate and collaborate effectively. Some of the preliminary agenda topics identified for the August 28, 2015 meeting are: compassion satisfaction and compassion fatigue, telehealth, cultural sensitivity, health literacy and human factors engineering.

Please watch the board's web site for an upcoming agenda and link to register. Our web site is [pr.mo.gov/nursing](http://pr.mo.gov/nursing). In the lower left-hand corner of our web site, you will find a link titled *Get Nursing News*. If you follow the prompts from that

link, you can register to receive an email notification when information is posted to our web site.

### Nursys e-Notify

All nurses and employers may use a free, primary source equivalent license verification service at [www.nursys.com](http://www.nursys.com).

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Anyone can enroll his/herself in e-Notify as an individual. We recommend that you do this as an added measure to protect yourself. This will allow you to receive electronic notifications of any changes in your license and discipline status.

If you have not already done so, please take three minutes to view the e-Notify video overview at [www.nursys.com](http://www.nursys.com).

Remember this is a free service that is primary source equivalent. The board of nursing and Nursys staff are both available to assist you if you have questions about this service.

### Public Information

Section 324.001.8, RSMo, provides that the name, address, license profession, license number, license issue date, license expiration date, and discipline status of a licensee is public information.

*Message from the President continued on page 2*

## Executive Director's Report

**Authored by Lori Scheidt, Executive Director**

Our newsletter articles are due approximately two months before the newsletter is actually published. By the time you receive this newsletter the legislative session will have ended. In order to determine if bills actually passed, you can check the final disposition of bills at <http://moga.mo.gov/>.

### Nursing Workforce Analysis

Representative Diane Franklin (R-District 123) filed House Bill 112. Passage of this bill would allow the State Board of Nursing, Board of Pharmacy, Missouri Dental Board, State Committee of Psychologists, or State Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration to individually or collectively enter into a contractual agreement with the Department of Health and Senior Services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data. Information may be obtained from each board's licensees, registrants, or permit holders for future workforce planning and to assess the accessibility and availability of qualified health care services and practitioners in Missouri.

The bill would require boards to work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts. The bill would authorize boards to expend appropriated funds necessary for operational expenses of the program and allow the boards to accept grants to fund the collection or analysis. The bill would require that data collection be controlled and approved by the applicable state board conducting or requesting the collection. The bill specifies that income or other financial earnings data cannot be collected. Data collected under these provisions must be deemed the property of the state board requesting the data and must be maintained by the state board in accordance with Chapter 610, RSMo, the open meetings and records law. However, any information deemed closed or confidential must not be disclosed without consent of the applicable licensee or entity or as otherwise authorized by law. The data may only be released in an aggregate form in a manner that cannot be used to identify a specific individual or entity.

Supporters of the bill say that currently Missouri does not have reliable data about practice characteristics of health professionals practicing in the state. Without reliable information, the state is seriously misallocating resources and making decisions that may actually be

*Executive Director's Report continued on page 2*



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Important Telephone Numbers

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Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700



Number of Nurses Currently Licensed in the State of Missouri

As of April 1, 2015

Profession	Number
Licensed Practical Nurse	23,924
Registered Professional Nurse	101,939
Total	125,863



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Message from the President continued from page 1

Each nurse is assigned a unique personal identification number (PIN). A nurse needs a combination of their PIN and license number to renew online. The PIN is confidential. When renewal postcards are mailed to licensees, the PIN number is printed on the inside of the renewal postcard. Once opened, the pin number and other information are contained on a portion of the postcard that can be torn off and maintained by the licensee.

We have heard from many of you that you are concerned about theft of your nurse record because your license number is public information. The best way to protect your license is to enroll yourself as an individual in e-Notify at [www.nursys.com](http://www.nursys.com). Think of this product like you would a credit monitoring service where your credit report is monitored on a daily basis and you are notified of any significant changes and any time a new account is opened in your name. If you register as an individual in e-Notify, you will be notified of any new licenses that have been issued, if a license expires and if any disciplinary action is taken on any of your licenses.

Executive Director's Report continued from page 1

detrimental to Missouri's health care workforce. Better information will allow the state and stakeholders to make better decisions that address the actual needs of Missourians and the health care professionals who treat them.

Advanced Practice Registered Nurse Practice Bills

Representative Eric Burlison (R-District 131) filed House Bill 633 and Senator Jay Wasson (R-District 20) filed Senate Bill 415. Passage of either of these bills would make changes to advanced practice registered nurse collaborative practice laws. This bill provides that when an advanced practice registered nurse (APRN) prescribes treatment for an acutely or chronically ill or injured patient pursuant to a collaborative practice arrangement, the collaborating physician shall be personally or electronically available for consultation. The APRN must provide a report of such patient encounters within fourteen days to the patient's primary healthcare provider. The collaborating physician must review all the charts for patients seen by an APRN for a chronic illness.

Currently, an APRN must practice for a period of at least one month with the collaborating physician continuously present before practicing without the physician continuously present. This bill provides that the collaborating physician has the responsibility to determine that the APRN has the ability to perform a delegated medical act by documenting the completion of a sufficient period of time during which the APRN practices with the physician continuously present before practicing in a setting where the physician is not continuously present. The collaborating physician shall determine the appropriate length of time that the APRN must practice with the collaborative physician present.

Advanced Practice Registered Nurse (APRN) Controlled Substance Prescribing

Representative Craig Redmon (R-District 4) filed House Bill 720 and Senator Wayne Wallingford (R-District 27) filed Senate Bill 313. Passage of either bill would allow an advanced practice registered nurse who holds a certificate of controlled substance prescriptive authority and who is delegated the authority to prescribe controlled substances under a collaborative practice arrangement to prescribe Schedule II, III, IV, and V controlled substances. Schedule II controlled substance prescriptions would be limited to 120-hour supply without refill. Schedule III controlled substance prescriptions would no longer be limited to a one hundred twenty-hour supply without refill when prescribed by an advanced practice registered nurse.

Pain Management

Representative Elijah Haahr (R-District 134) filed House Bill 393 and Senator Jeanie Riddle (R-District 10) filed Senate Bill 217. Current law requires certain types of intervention pain management, including ablation of targeted nerves, percutaneous precision needle placement within the spinal column, and laser or endoscopic discectomy be performed only by licensed physicians, with certain exceptions. These proposals remove the current expiration date of August 28, 2016.

Prescription Drug Monitoring

Senator Rob Schaaf (R-District 134) filed Senate Bill 111 and Representative Holly Rehder (R-District 148) filed House Bill 130. Passage of either bill would establish the Prescription Drug Monitoring Act.

Death Certificates

Representative Lyndall Fraker (R-District 137) filed House Bill 1113. Passage of this bill would add physician assistants, assistant physicians, and advanced practice registered nurses to the list of professionals who may complete death certificates.

Your Role in the Legislative Process

Legislation impacts nursing careers, shapes health care policy and influences the care delivered to patients. Your education, expertise, and well-earned public respect as a nurse can allow you to exert considerable influence on health care policy. Nurses have been somewhat reluctant to do this in the past but you are in an excellent position to advocate for patients. Never underestimate the importance of what you have to say. As a professional, you bring a unique perspective to health care issues and often have intricate knowledge that helps provide insight for our legislators.

You should make your thoughts known to your legislative representatives. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://moga.mo.gov/>.

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# Education Report

Authored by Bibi Schultz, RN MSN, CNE Education Administrator

- Missouri State Board of Nursing Education Committee Members:
- Roxanne McDaniel, RN, PhD (Chair)
  - Lisa Green, RN, PhD(c)
  - Mariea Snell, DNP, MSN, BSN, RN, FNP-BC

**Connecting Innovative Best Practice in Nursing Education to Program Outcomes**  
As nursing education is evolving, much has been written about the need to transform nursing education in order to prepare graduates to provide safe and effective care in this ever changing, highly challenging health care environment. Education program outcomes, such as NCLEX pass rates, are used to measure the success of the programs.

The Missouri State Board of Nursing along with nurse educators and clinical partners across the state are actively facilitating the transformation in nursing education. After all, educating new nurses to care for patients is one of the key factors in protecting and fostering patient safety. The Missouri State Board of Nursing and State Fair Community College are co-sponsoring the first *Innovative Best Practice (IBP) in Nursing Education Conference* in this state. Nurse educators across the state and from all levels of nursing education are coming together to share their expertise related to best practice strategies utilized to optimize the environment for teaching and learning in nursing. Innovative nurse educators and researchers from several areas of the state have agreed to present, share and facilitate round table discussions on a variety of topics. A panel of clinical partners representing practice settings in metropolitan and rural areas of the state plan to participate by sharing what is needed in today's nursing graduates. Clinical preparedness, transition to nursing practice, and articulation at all levels of nursing education are major focus areas for discussions.

With co-sponsorship of this event by the Missouri State Board of Nursing and State Fair Community College, this *Innovative Best Practice in Nursing Education Conference* is offered free of charge and nursing programs across the state are invited to enroll their faculty. The first IBP conference session is scheduled for April 10, 2015 at the State Fair Community College campus in Sedalia, Missouri. It is projected that this event will continue in the future. Invitations to enroll are extended to Missouri nursing programs as conferences are planned. Initial enrollment of approximately 150 nurse educators is projected.

The need for innovation in nursing education is also evident in the declining NCLEX pass rates. While NCLEX licensure pass rates are only part of what determines overall program outcomes, it is certainly important that nursing programs maintain optimal first-time tester licensure exam results for their graduates. Review of nursing program admission, progression and graduation requirements, teaching strategies and outcome data seems to indicate that innovative use of evidence-based best practices in nursing education directly and positively impact program outcomes. Pre-licensure nursing programs across the state receive NCLEX licensure data for their program on quarterly basis. It is important to utilize this data in measures to evaluate program outcomes.

NCLEX licensure exam pass rate reports are made available through the National Council of State Boards of Nursing (NCSBN). These quarterly reports capture program graduates that took the NCLEX exam in Missouri as well as other states and jurisdictions during the respective quarter. Quarterly reports issued in January of each year are utilized by the Missouri State Board of Nursing to determine official NCLEX program pass rates for the prior year. While NCLEX licensure exams are nationally recognized, rules regarding minimum licensure exam pass rate requirements vary from state to state. Minimum Standards (rules) for Missouri pre- licensure nursing programs require an annual minimum first-time tester pass rate of 80%. Annual program pass rates are calculated from January 1st to December 31st of any given year.

The Missouri State Board of Nursing website is updated annually to ensure public access to NCLEX pass rates for all pre-licensure nursing programs approved by the MSBN. It is important to remember that the NCLEX pass rate table reflects how each nursing program's graduates performed on their initial attempt to pass the licensure exam. Pass rate statistics indicate that on subsequent attempts additional program graduates pass the licensure examination though the probability of passing declines as time from graduation increases.

The 2014 NCLEX program pass rates significantly declined on both the national and Missouri state level. NCLEX test plans generally change on a three year basis. The most recent change to the NCLEX-RN Test Plan was initiated on April 1, 2013. Test plan changes for the NCLEX-PN Test Plan went into effect on April 1, 2014. While changes in NCLEX test plans may contribute to changes in program pass rates, it is imperative that nursing education keeps pace with nursing practice and measures are put and kept in place that facilitate graduate readiness to safely and effectively care for patients. Nurse educators are exploring ways to redesign nursing education to optimally prepare students, graduates and faculty to meet growing challenges.

The NCLEX licensure exam pass rates decline generates concern among nurse educators, employers and the public in general. Comparison of Missouri NCLEX pass rates with national data indicates that while Missouri pass rate averages remain slightly higher than national averages for all levels of nursing education, margins have significantly narrowed. As indicated in the tables below, National Council of State Board of Nursing (NCSBN) data for 2014 reports an NCLEX-RN average Missouri pass rate of 84.31% (3309/3925 graduates); with national average of 81.79% (128700/157357 graduates). For NCLEX-PN the Missouri average pass rate is reported at 90.23% (1136/1259 graduates); with a national average of 82.16% (45585/55483).

Education Report continued on page 4




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NCLEX LICENSURE EXAM STATISTICS – RN					
	2010	2011	2012	2013	2014
Type of Program	RN	RN	RN	RN	RN
Missouri First-Time Candidates	3412	3416	3608	3672	3925
Missouri First-Time Passers	3017	3080	3371	3201	3309
Missouri Average Pass Rate	88.42%	90.16%	93.43%	87.17%	84.31%
National Average Pass Rate	87.42%	87.90%	90.34%	83.04%	81.79%

NCLEX LICENSURE EXAM STATISTICS -- PN					
	2010	2011	2012	2013	2014
Type of Program	PN	PN	PN	PN	PN
Missouri First-Time Candidates	1408	1454	1369	1370	1259
Missouri First-Time Passers	1300	1344	1267	1265	1136
Missouri Average Pass Rate	92.33%	92.43%	92.55%	92.34%	90.23%
National Average Pass Rate	87.06%	84.84%	84.23%	84.63%	82.16%

National NCLEX statistics for first-time, US educated graduates reveals that the national pass rate of graduates from Associate Degree in Nursing programs dropped below the 80% mark (79.26%) for the first time in recent history. During the same timeframe, national pass rates for graduates from Baccalaureate, Diploma and Practical Nursing programs continued to exceed the 80% benchmark, though there was a decline in pass rates for each program type.

The table below, prepared and provided by National Council State Board of Nursing research staff, is a snapshot of Missouri pass rate data by program category. All program types met the 80% threshold though each had a decrease in pass rates. Also evident in the data presented is the year-to-year increase in Missouri BSN-prepared pre-licensure program graduates/first-time licensees. Slight variation of report data due to difference in tracking mechanisms employed to extract Missouri data may be noted.

Missouri NCLEX First Time Candidates						
2013				2014		
Program Type	# Delivered	# Passed	Pass Rate	# Delivered	# Passed	Pass Rate
PN	1370	1265	92.34%	1258	1136	90.30%
RN-ADN	1551	1343	86.59%	1580	1302	82.41%
RN-BSN	2061	1804	87.53%	2266	1939	85.57%
RN-Diploma	60	54	90.00%	75	64	85.33%

The need to transform nursing education and to key in on strategies to foster theory and clinical learning, strengthen critical thinking, facilitate clinical decision making and to ease the often difficult transition to nursing practice is on the forefront of nursing education. While much has been written about the need to revamp the way we teach and learn in nursing, to bring about change to equip nurse educators to embrace and employ new ways to teach is not an easy task. Nursing faculty shortages as well as budgetary constraints often impact staffing, modify teaching assignments and, in many cases, leave little time to plan and prepare. While nurse educators are quite creative and readily embrace change, others are reluctant to venture out to explore new ways to engage today’s student population.

Much consideration has been given to how nurse educators could work together across this state as well as at the national level to help each other succeed and innovatively impact nursing education. It is important to remember that nurse educators should never work in a silo to get this done. Active input and participation of clinical practice partners is essential to foster this ultimate shift and bring needed change in the nursing education paradigm. The Missouri State Board of Nursing and State Fair Community College co-sponsored *Innovative Best Practice in Nursing Education Conference* is a valuable resource for educators to allow for such collaboration to take place.

Together we can make a difference that will transform nursing education, provide nurse educators with essential tools to optimize teaching and learning and ensure that graduates are optimally prepared to provide evidence-based, best practice care for their patients.

**References**

2011 to 2014 NCLEX Statistics from NCSBN – Retrieved from <https://ncsbn.org>

NCLEX-RN and NCLEX-PN Program Reports – provided quarterly by NCSBN/Pearson VUE

2013 and 2014 Missouri NCLEX licensure exam data per candidate/program category – provided by NCSBN Research Staff



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Moments with Marcus

Nurse’s Bladder

by Marcus Engel

*Nurse’s Bladder: the training and ability to hold one’s pee throughout a 12-hour shift.*

Last month while speaking in Pennsylvania, I met a med surg nurse, Julie. She is the cousin of my long time friend, Wendy. I was lucky enough to spend a little time with both while hanging out in the Quaker State.

Wendy told the tale of how she, Nurse Julie and several friends were planning a girl’s trip. While a cruise or beach resort would be awesome, these ladies chose to save a little dough... and re-live their teenage days with a trip to the local amusement park.

Wendy (who is not a nurse) told it this way: “The other three girls in our party? It seemed like we spent half the day waiting in line for the restroom. Not Julie! She told us she has *nurse’s bladder*. For every three or four bathroom breaks we had, Julie only took one. I swear she has a bladder of steel!”

I wasn’t surprised... in fact, this is pretty common in the profession of caregiving.

To most RNs, Nurse’s Bladder may seem like no big deal – just another survival tool. But, I ask you... how many other jobs are there where one might not have the opportunity to perform bodily functions while on the clock? It’s hard to think of many professions where time is at such a premium that it often doesn’t even allow for bathroom breaks.

There’s not a urologist on earth who would say holding pee an entire shift is healthy. Not many nurses would say so, either, but, of course, it happens. Nurses have to balance their health and comfort with the reality of patient care: call lights, alarms popping off every 30 seconds, inputting data for EMR, you know the drill. Nurses also deal with the major shift in dynamics with every new friend or family member that comes to visit.

Answering questions and comforting loved ones takes precedent over that physical internal pressure.

Healthy? Nope. Advisable? Again, no. Happens anyway? All. The. Time.

What’s the point of me even bringing this up? Simple: recognition. Every chance I get, I’m sharing with non-health care folks just how hard professional caregivers work. And why do they do it? Nurses have a passion for caregiving. Duh! Nurses live to help others...sometimes, though, to their own detriment.

Do nurses complain about how long it’s been since the last bathroom break? Or, do they devote mental energy to figuring out the last time they had food or drink? Or, do they request additional breaks so they have time to get off their feet? Hardly.

Nurse’s Bladder is another example of just how tough the job of nursing can be. It’s not so glamorous, but it shows the level of commitment within this sacred field.

Nurses often put their needs to the side in order to help patients and their fellow nurses. Nurses are always there. Even when there is precious little that can be done to help a patient, nurses are present, which is often the single most vital thing they can offer. This does not go unnoticed. At least, not by me.

We are all indebted to those of you who choose to work in healthcare. A system that, while flawed, saves lives every single day. It simply could not function with out nurses. So, as always and with immense gratitude, thank you. Now...go pee! You’ve probably been holding it!



Schedule of Board Meeting Dates through 2016



- June 3-5, 2015
- September 2-4, 2015
- November 18-20, 2015
- March 9-11, 2016
- June 8-10, 2016
- September 7-9, 2016
- December 7-9, 2016

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

**Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>**


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*KENNETH HALLER, M.D., ASSOCIATE PROFESSOR OF PEDIATRICS*  
*ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE*  
Learn about the Missouri’s pediatric immunization rates using ShowMeVax, Vaccines for Children program assessment and National Immunization Survey data.

**THURSDAY, JUNE 18, 2015 - 12 P.M. - 1 P.M.**  
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*LITJEN (L.J.) TAN, CHIEF STRATEGY OFFICER, IMMUNIZATION ACTION COALITION AND CO-CHAIR*  
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*JESSICA McNEIL, MPH, CENTERS FOR DISEASE CONTROL AND PREVENTION*  
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# The 2015 Regulatory Environment: Executive Summary

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## National Council of State Boards of Nursing Regulatory staff

To regulate nursing effectively and maintain public safety, boards of nursing (BONs) need current and critical information that addresses regulatory, workforce, political, economic and social issues affecting nurses and their practice. This year, nurses will continue to play an integral role in public health, primary care, and the redesign of the U.S. health care system. This article highlights current and emerging trends and challenges that BONs face as 2015 unfolds.

### Objectives

- Describe trends in today’s health care environment.
- Discuss trends in the nursing workforce.
- State practice issues that affect boards of nursing.

### Introduction

Nursing regulators oversee nurse licensure and scope of practice, approve nursing education programs, and administer state nurse practice acts and regulations. Health care delivery in the United States presents new and ongoing challenges for regulators and the nursing profession. This year, nurses will continue to play an integral role in public health, primary care, and the redesign of the U.S. health care system as implementation of the Affordable Care Act continues. In 2015, boards of nursing (BONs) will likely face the following issues and trends:

- A redefining of nursing practice, including an expansion of the scopes of practice for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs), and unlicensed assistive personnel (UAP)
- The continued adoption of the APRN Consensus Model and the APRN Compact by all jurisdictions to help ensure full practice authority for advanced practice registered nurses (APRNs) and consistent practice regulations
- The challenge of access to care
- The emergence of telehealth and the regulatory implications related to licensure
- The Nurse Licensure Compact (NLC).

With all of these challenges in mind, BONs strive to ensure that the care administered by nurses is safe and competent. This article highlights current and emerging trends, issues, and barriers BONs face in their mission to protect the members of the public and the nurses who care for them.

### Health Care in the United States Today

The Affordable Care Act (ACA) will continue to alter the health care environment in 2015 and beyond. Although the ACA is not projected to directly affect overall RN growth, it will likely increase the need for outpatient care roles, such as care coordinators, case managers, patient educators, and chronic-care specialists (Spetz, 2014). In addition, critical care nurses in states participating in the Medicaid expansion may see millions of previously uninsured patients with or at risk for complications.

In 2010, the Department of Health and Human Services launched *Healthy People 2020* as a 10-year agenda to improve America’s health. The priorities for national health include the following wide-ranging indicators (Healthy People 2020, 2014):

- Access to health care services
- Clinical preventive services
- Environmental quality
- Injury and violence
- Maternal, infant, and child health
- Mental health
- Nutrition

- Physical activity and obesity
- Oral health
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco.

Although recent progress updates show that several of the *Healthy People 2020* indicators have improved (Healthy People 2020, 2014), access to care, physical activity and obesity, and substance abuse show little to no change. Mental health and oral health indicators show a decline. These indicators depend on improvements in coverage, services, and timeliness.

### Coverage, Services, and Timeliness

According to data from the National Health Interview Survey, 41 million people of all ages were uninsured in the first 3 months of 2014. There were, however, significant decreases in the percentage of people who were uninsured between 2013 and the first 3 months of 2014. The largest decrease—from 26.5% in 2013 to 20.9% in 2014—was among adults ages 19 to 25 (Cohen & Martinez, 2014).

Despite increasing coverage, access to services remains a challenge for many Americans. According to the U.S. Health Resources and Services Administration, nearly 20% of Americans live in areas without sufficient access to primary care physicians. More than 37% of U.S. adults, especially those with below-average incomes, reported they did not have a recommended test, treatment, or follow-up care because of cost (Mahon & Fox, 2014).

In addition, timeliness of care remains an issue. Recent scrutiny of the Veterans Administration (VA) has brought the matter of delayed care into focus. Incidents at VA hospitals of delayed care for U.S. veterans prompted a review of veteran’s health care services by civilian and military experts.

### Nursing Implications of Telehealth

One method of meeting the needs of an increasing number of insured patients who require comprehensive services in a timely fashion is telehealth. The shift toward telehealth will likely require adaptation and a redefining of roles for all health care providers. Telehealth nursing has shown a huge potential for success in the coaching of patients who have chronic conditions or who care for themselves at home. Numerous studies have shown an increase in self-efficacy and positive outcomes (Barley, 2014; Gagnon et al., 2014; Young et al., 2014). Damgaard and Young (2014) also saw telenursing as a potential solution to the increasing lack of school nurses. The successful virtual supervision of UAP by RNs provides preliminary evidence for a regulatory change regarding insulin administration for students.

To prepare nurses for this model of care, educators and regulators are encouraging the inclusion of telehealth topics in nursing education and professional development (George & Shocksnyder, 2014; McLaughlin, 2014; Reynolds & Maughan, 2014). The success or failure of telehealth, however, will depend on the assent of providers, and a removal of barriers plays a key role in developing such assent (Taylor et al., 2014). Licensure issues related to telehealth will continue to be discussed at the federal level in 2015.

Following the annual Centers for Medicare & Medicaid Services (CMS) policy review process, final CMS rules were made available for telehealth. These rules include some psychoanalysis, family psychotherapy, medical office, outpatient, and annual wellness visits. Other cardiac and psychiatric services were requested for coverage; however, CMS declined to include them in the rules.

In 2015, the National Council of State Boards of Nursing (NCSBN) plans to focus on two compacts that will address issues such as multiple licenses for telehealth nurses and APRN telehealth licensure. Within the next few years, it is likely that telehealth nursing concerns will become global issues as telehealth continues to expand into the international market.

### The Nursing Workforce

A birds-eye view of the current nursing landscape provides insight into the impact nurses will have in the evolving health care system as needs and demands continue to unfold.

### Registered Nurses

There are more than 3,680,612 RNs in the United States (National Council of State Boards of Nursing, 2014a). (See Table 1.) The most recent Occupational Employment Statistics Data (through May 2013) indicate that 2,661,890 RNs were employed in the United States (U.S. Bureau of

Labor Statistics, 2014b). As illustrated in Figure 1, the number of employed RNs in the United States is again increasing after a decline in 2012.

General medical and surgical hospitals are the largest employers of RNs (U.S. Bureau of Labor Statistics, 2014b). Mancino & Feeg (2014) assert that with the decrease of inpatient admissions, the increase of outpatient admissions (MedPac, 2014; Vesely, 2014), and the impact of the ACA, there will be an accelerated movement to the outpatient or community environment.

Another trend is the increasing age of retirement for RNs. About 74% of RNs are still working at age 62 (Auerbach, Buerhaus, & Staiger, 2014), and this career longevity may also have an impact on new graduate employment. However, new graduate employment in the first 6 months after graduation increased from 66% in 2012 to 76% in 2013.

### Licensed Practical Nurses/Vocational Nurses

According to NCSBN’s National Nursing Database, as of November 2014, there were 916,384 LPN/VNs in the United States. The most recent employment statistics (May 2013) indicate that 705,200 LPN/VNs were employed in the United States, demonstrating a decline from the previous year (U.S. Bureau of Labor Statistics, 2014b). Predictions from the U.S. Bureau of Labor Statistics (2014a) updated in 2014 indicate that 182,900 additional LPN/VNs, or a growth rate of 25%, will be needed by 2022, assuming that demand for LPN/VNs remains consistent. Actual employment of LPN/VNs in the United States shows a 1.9% decrease from 2012 to 2013, which may indicate a shrinking demand.

The most recent statistics from the U.S. Bureau of Labor Statistics (2014b) contain data from 2013 that indicate the largest numbers of LPN/VNs are employed by skilled nursing care facilities, followed by home health care services, and continuing care retirement communities. Smaller percentages of LPN/VNs work in physicians’ offices and general medical and surgical hospitals. If the LPN/VN workforce numbers continue to decline, there is concern about who will fill the void in long-term care. BONs continue to assess the future role of LPN/VNs, including the potential for a growing need for LPN/VNs in acute care. In 2015, the National League for Nursing will convene discussions on the role and education of the LPN/ VN.

### Advanced Practice Registered Nurses

The four roles of APRNs in the United States are certified nurse practitioner (CNP), clinical nurse specialist (CNS), certified nurse anesthetist (CRNA), and certified nurse midwife (CNM). The number of APRNs in the United States continues to rise. Data reveal that CNPs continue to be the largest subgroup, and the CNP role has the largest predicted need and the largest growth in the student population of the four roles (U.S. Bureau of Labor Statistics, 2014a). All APRN role certifications require a minimum of a master’s degree, and a record number of APRN students are completing doctoral programs (Auerbach et al., 2014).

Increasingly, the solution to primary care access appears to be APRNs (Inglehart, 2014). States that allow full practice for nurse practitioners demonstrate improved outcomes and have fewer hospital admissions than those with restrictions on APRN scope of practice. Additionally, states with full practice authority for APRNs appear to rate favorably on state health outcomes rankings (Oliver, Pennington, Revelle, & Rantz, 2014).

Some states are requiring an APRN “transition period with oversight.” Brassard (2014) reports full and independent practice occurs with safety and quality in many states that do not require an oversight period. A Federal Trade Commission (FTC) paper states that physician supervision requirements may allow one profession to restrict access to the market by another profession, resulting in limited consumer choice and access. The FTC (2014) contends that effective collaboration between professions does not require any supervision by physicians. Additionally, a large proportion of nurse practitioner graduates have completed programs in primary care. The National Resident Matching Program reported that less than 2,000 physician graduates per year matched to the primary care specialties in 2013 and 2014 (National Resident Matching Program, 2014; Pohl, Barksdale, & Werner, 2014). By contrast, 15,593 nurse practitioner graduates completed programs in 2012 and 2013, and more than 75% of that number prepared in areas addressing primary care (Auerbach et al., 2014).

NCSBN continues its initiative to assist states in adopting the Consensus Model for APRN Regulation,

Executive Summary continued on page 7

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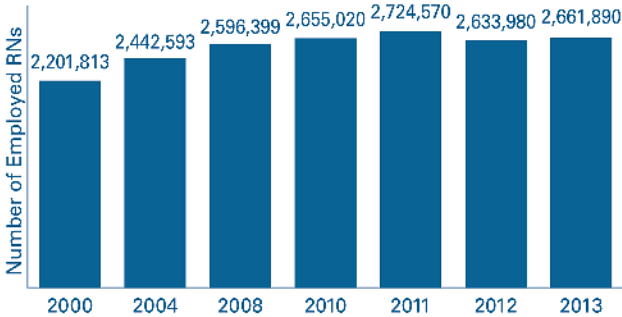
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Executive Summary continued from page 6

Licensure, Accreditation, Certification, and Education (Consensus Model). The 2014 legislative season brought a record number of bills seeking to align nurse practice acts with the Consensus Model. Arkansas and Washington expanded their recognition of roles, and South Dakota added the umbrella title of APRN. Others secured a second, separate license for APRNs, as Hawaii, Iowa, and South Dakota did for the CRNA role. Autonomous practice and prescribing were on the agenda for several states, and Connecticut and Minnesota realized big gains.

FIGURE 1  
Total Number of Employed RNs in the United States: 2000-2013



Note. The 2010, 2011, 2012, and 2013 statistics were taken from the semi-annual Occupational Employment Statistics survey published by the U.S. Bureau of Labor Statistics (2014b).The 2000, 2004, and 2008 statistics were taken from the Health Resources and Services Administration’s (2010) National Sample Survey of Registered Nurses.

Education

One of the best ways of predicting future workforce numbers is by examining the number of nursing programs and their enrollment. Despite shortages of clinical placement sites and faculty members in many regions, RN programs and enrollments are increasing. Besides those shortages, education issues for 2015 include the ongoing challenge of converting 80% of the nursing workforce to BSN-educated nurses and the goal of having all BONs require national accreditation for nursing education programs.

Nursing Programs: Type and Prevalence

Florida and New York have the most new RN and LPN/VN programs. Conversely, states such as Texas, New Mexico, and Minnesota reported program closures (NCSBN, 2014b).

The BONs are continuing to work with their state coalitions and the nursing community to meet the Institute of Medicine challenge of converting 80% of the nursing workforce to BSN-educated nurses by 2020. BONs, on the 2014 NCSBN emerging issues survey and on the NCSBN Education Knowledge Network calls, report that many hospitals are hiring only BSN graduates, particularly in urban areas. As expected, associate degree (ADN) graduates still account for the largest number of nursing graduates. The number of diploma graduates has decreased over the 3-year period from 2011 to 2013, while the number of baccalaureate graduates has increased at a rate higher than the rate for ADN graduates.

A number of studies published in 2014 provide evidence indicating that BSN-educated nurses improve patient outcomes, decrease mortality (Aiken et al., 2014; Cho et al., 2014; Yakusheva, Lindrooth, & Weiss, 2014), significantly lower readmission rates, and decrease lengths of stay (Yakusheva et al., 2014).

In a 2014 study by Berkow, Vonderhaar, Stewart, Virkstis, and Terry, one-quarter of the health care leader respondents (n = 4,495 from 1,178 facilities) reported that their hospitals require RNs to earn a BSN within 5 years of hire, while more than one-sixth report that their hospitals hire only nurses with BSN degrees. Additionally, New York and New Jersey have pending legislation relating to the “BSN in 10” initiative. Barriers to the push for BSN graduates include a lack of articulation agreements, a lack of resources, a shortage of qualified faculty members, and low faculty salaries.

Nursing Faculty

The 2014 American Association of Colleges of Nursing (AACN) Special Survey on Vacant Faculty Positions (Li & Fang, 2014) describes the current status and trends related to nursing faculty in baccalaureate or higher nursing education. As shown in Table 2, the total number of

TABLE 1				
Total Nurses Employed in United States per State and Population				
	RN Employment	LPN/VN Employment	Total APRNs	Population
Alabama	43,600	14,720	4,143	4,833,722
Alaska	5,790	580	928	735,132
Arizona	46,290	6,120	5,371	6,626,624
Arkansas	23,480	11,760	1,632	2,959,373
California	252,940	61,050	24,651	38,332,521
Colorado	41,860	5,750	5,221	5,268,367
Connecticut	34,820	8,640	4,084	3,596,080
Delaware	9,740	1,930	1,315	925,749
District of Columbia	11,030	1,220	1,348	646,449
Florida	162,530	43,910	19,213	19,552,860
Georgia	66,080	24,350	8,787	9,992,167
Hawaii	10,300	1,210	1,080	1,404,054
Idaho	12,150	2,920	1,353	1,612,136
Illinois	109,480	22,090	8,496	12,882,135
Indiana	59,730	19,350	3,989	6,570,902
Iowa	32,100	6,500	3,493	3,090,416
Kansas	26,940	6,590	4,174	2,893,957
Kentucky	42,400	10,490	5,053	4,395,295
Louisiana	40,600	21,930	3,955	4,625,470
Maine	13,890	1,300	1,819	1,328,302
Maryland	46,070	11,870	4,378	5,928,814
Massachusetts	79,270	17,050	10,001	6,692,824
Michigan	91,840	16,690	7,902	9,895,622
Minnesota	57,920	17,400	6,005	5,420,380
Mississippi	27,590	9,520	2,941	2,991,207
Missouri	64,870	16,190	6,993	6,044,171
Montana	9,040	2,440	830	1,015,165
Nebraska	19,550	6,030	1,842	1,868,516
Nevada	17,160	2,260	880	2,790,136
New Hampshire	12,180	2,110	1,749	1,323,459
New Jersey	75,410	14,640	6,250	8,899,339
New Mexico	14,540	2,190	1,538	2,085,287
New York	169,820	49,050	17,975	19,651,127
North Carolina	88,350	15,550	8,136	9,848,060
North Dakota	7,750	3,220	960	723,393
Ohio	124,400	39,310	1,1703	11,570,808
Oklahoma	25,960	12,030	2,371	3,850,568
Oregon	28,490	2,820	3,485	3,930,065
Pennsylvania	124,750	36,060	8,555	12,773,801
Rhode Island	11,570	1,050	1,036	1,051,511
South Carolina	41,950	9,340	3,275	4,774,839
South Dakota	11,540	2,070	1,110	844,877
Tennessee	57,760	21,190	10,045	6,495,978
Texas	190,090	72,020	16,221	26,448,193
Utah	18,550	2,300	2,285	2,900,872
Vermont	6,710	1,430	578	626,630
Virginia	60,120	21,760	7,482	8,260,405
Washington	53,060	8,000	5,458	6,971,406
West Virginia	18,440	6,480	1,540	1,854,304
Wisconsin	56,870	9,990	3,875	5,742,713
Wyoming	4,500	740	490	582,658
U.S. Total	2,661,890	705,200	267,994	316,165,298

Note. State population estimates are from the U.S. Census Bureau (2014). Population estimates for the U.S. territories are from the World Bank (2014). APRN numbers as reported in 2013.

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fully adopted the Model, with many other states at least 50% of the way to full implementation.

## Major Current Practice Implications for BONs

In addition to these licensure and practice issues, several new issues deserve comprehensive consideration by BONs.

fill the need for clinical experience, and this is negatively impacting the number of placements available to LPN/VN students. Another concern is the potential for decreased exposure of ADN students to acute-care practice.

Social media continues to evolve in all aspects of health care. Patients are increasingly seeking health care information and support via social media, and platforms allow patients and providers to connect in new ways. For some, social media may be the preferred method of health communication. Jones, Eathington, Baldwin, and Sipsma (2014) conclude that social media and text messaging show great promise for increasing health knowledge among teens and young adults ages 15 to 24. Whether this knowledge affects behavior is unknown, and more research is called for in this area. In their survey of users of hospital social media platforms, McCarroll et al. (2014) likewise found that social media health information resonated in particular with young, female respondents and call for further research into how hospitals can reach all patient demographics via this avenue.

[illegible]

A shortage of clinical sites for APRNs also exists. Many potential sites are used by physician assistants and medical students; thus, faculty members are struggling to find appropriate placements. Though no meaningful evidence supports a strong need for APRN transition to practice, discussions of the topic are occurring at the local, state, and federal levels.

## Licensure and Practice Issues

BONs provide position or practice statements, clinical practice advisories, advisory rulings or opinions, and interpretive guidelines (hereinafter referred to as advisory statements) to interpret or further clarify the state nurse practice act and regulations. These statements provide safe parameters within which to work, and they protect patients from unprofessional and unsafe nursing practice.

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- In 2015, as part of its public policy agenda, NCSBN will continue to monitor legislation and communicate with congressional staff members in the following areas:

- **Telehealth.** NCSBN will be educating policy makers on the role of BONs, the importance of state-based licensure, and alternative solutions to telehealth licensure issues, such as the NLC.
- **NLC.** NCSBN will continue to facilitate discussions about the NLC among executive officers of BONs. The NLC addresses many concerns of employers, nurses, and policy makers related to telehealth, case management, and practice across state lines, and it does so while offering public protection. One concern expressed by nonparticipating BONs is that all states do not have uniform licensure requirements. Issues such as criminal background checks emerged as being vital components that needed to be added to the NLC, if additional states were to join. Changes to the NLC have been agreed upon, and throughout 2015, work will continue, culminating in the revisions being brought before the 2015 delegates to NCSBN's annual meeting for a vote.
- **APRN Compact.** The APRN Consensus Model is vital to public protection and access to care. Throughout 2015, NCSBN will continue to lead the Campaign for Consensus, work with stakeholders, and encourage the adoption of the main components of the Consensus Model. Currently, 12 states have

As the risk of Ebola continues in the United States, numerous legal and ethical questions about the nurse's responsibility to the public have come to the forefront. Recently, questions emerged related to whether a nurse exposed to the Ebola virus who does not follow state or Centers for Disease Control and Prevention (CDC) guidelines should be reported to the BON and whether her or his license should be disciplined. A nurse who resided in Maine was quarantined in New Jersey on her arrival from Africa, where she had treated patients via the Doctors Without Borders program. She submitted to viral testing and was found negative on two occasions and had no symptoms, but she was still within the 21-day observation period. Unlike the physicians and nurses who had returned earlier, she was not allowed to return to her home and self-quarantine. Instead, she was kept in a facility in New Jersey. After legal arguments, she was allowed to return home to Maine. However, Maine also imposed temporary restrictions and posted state police guards at her home. The nurse continued to oppose the quarantine publicly. This created questions needing clarity about professional conduct and a state governor's authority to impose restrictions for public safety reasons. The CDC does have that authority, but it did not agree that quarantine was warranted.

At this point, what is clear is that nursing's role in caring for Ebola patients, both here and in other countries, is impactful and not without risk (CDC, 2014). For national guidance, the Centers for Disease Control and Prevention will continue to update information and data pertaining to the Ebola outbreak and will monitor its guidance on national protections. All state and federal agencies stand to gain knowledge and experience from the present outbreak in ways that will inform future responses.

If cases of Ebola continue to emerge in the United States, BONs should be prepared to answer questions such as the following:

- What is the BON's definition of abandonment?
- Can a nurse refuse an assignment?
- If a nurse ignores state or federal requirements for quarantine, should his or her license be disciplined?

### Opioid-Related Morbidity and Mortality

Opioid-related death is currently a national epidemic and public health emergency (Franklin, 2014). Opioids pose serious risks of overdose, dependence, or addiction when used long term (Franklin, 2014).

Tools that help identify people seeking narcotics for illegitimate purposes include prescription drug monitoring programs (statewide electronic databases of controlled substances) and NARxCHECK (an automated prescription drug abuse assessment and management tool for hospitals,

**Executive Summary continued on page 9**



pharmacies, private practices, government, and insurers). BONs have a duty to be aware of “pill mills” in their state and should work with state pharmacy boards to ensure APRNs have access to prescription drug monitoring programs and the NARxCHECK system in states where such tools exist.

Additional Regulatory Challenges

BONs continually strive to adapt to the needs of current and potential licensees. The mandate to provide an efficient, fair system for licensure for the large population of licensees poses various challenges, including the following:

- Implementing or enhancing online licensure applications, renewals, or late notices
- Addressing licensure and credential fraud
- Supporting nurse accountability for lifelong learning and fostering improved nursing practice and patient safety.

Disciplinary Action Trends

According to a recent NCSBN survey of BONs, the number of disciplinary complaints continues to stabilize for the majority of BONs, with some variance from state to state. Substance use disorder and diversion are the most frequent subjects of complaints to BONs. Other frequent causes of complaints are boundary violations, social media-related violations, and practice issues.

BON actions range from letters of concern to revocation of license. The majority of disciplinary cases are settled without a formal hearing. The number of hearings in a year varies from 0 to 99 among BONs. Most BONs responding to an NCSBN survey indicated the frequency of hearings has increased over the past year.

Summary

In 2015, BONs will face challenges, including regulatory and workforce issues as well as the political, economic, social, and public health matters that require ongoing discussion and action. Access to care remains a key issue in the United States, impacting nursing and regulation in numerous ways. One innovative solution to ensure greater access to care is the adoption of telehealth, which will require further defining of the nurse’s role. In addition, NCSBN will continue to work with legislators and BONs to ensure that APRNs can address access-to-care issues by practicing to the fullest extent of their licenses. The need for RNs will continue to grow, with increasing demand for them in outpatient and chronic-care settings. Solving nursing education dilemmas for all licensure and degree levels will be a critical component to the stability of the nursing workforce and health care delivery as a whole. BONs will address these and other issues that arise over the course of 2015 and beyond.

Information in this article was adapted from the 2015 Environmental Scan. Go to [www.ncsbn.org](http://www.ncsbn.org) for the full report.

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### The 2015 Regulatory Environment: Executive Summary

**Learning Objectives**

- Describe trends in today’s health care environment.
- Discuss trends in the nursing workforce.
- State practice issues that affect boards of nursing.



### CE Posttest

If you reside in the United States and wish to obtain 1.2 contact hours of continuing education (CE) credit, please review these instructions.

**Instructions**

Go online to take the posttest and earn CE credit:

Members – [www.ncsbninteractive.org](http://www.ncsbninteractive.org) (no charge)

Nonmembers – [www.learningext.com](http://www.learningext.com) (\$15 processing fee)

If you cannot take the posttest online, complete the print form and mail it to the address (nonmembers **must** include a check for \$15, payable to NCSBN) included at bottom of form.

**Provider accreditation**


The NCSBN is accredited as a provider of CE by the Alabama State Board of Nursing.

The information in this CE does not imply endorsement of any product, service, or company referred to in this activity.

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Posttest passing score is 75%.  
Expiration: January 2018

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Executive Summary continued from page 9

Posttest

Please circle the correct answer.

1. What effect will the Affordable Care Act (ACA) have on nursing?  
a. Increase in overall registered nursing (RN) growth  
b. Increase in outpatient care roles  
c. Decreased need for case managers  
d. Decreased need for patient educators
2. Which Healthy People 2020 indicator remains one of the greatest challenges for many Americans?  
a. Injury and violence  
b. Physical activity  
c. Obesity  
d. Access to care
3. Which of the following statements about telehealth and services covered by the Centers for Medicare & Medicaid Services (CMS) is correct?  
a. School nurses can be reimbursed for virtual supervision of unlicensed personnel in schools.  
b. Covered telehealth services include individual and family psychotherapy services.  
c. All care provided by advanced practice nurses in urban settings is eligible for reimbursement.  
d. Only physicians can furnish and receive payment for covered telehealth services.
4. What is the most significant barrier for nurses who provide care using telehealth?  
a. Licensure  
b. Buy-in by physicians  
c. Reimbursement by insurance companies  
d. Inadequate education and training
5. What is an employment trend for registered nurses (RNs) in the United States?  
a. The number of RNs who are employed is decreasing.  
b. The average age of retirement for RNs is decreasing.  
c. The highest level of employment for RNs is in hospitals.  
d. There’s a decrease in new graduate employment.
6. What is an employment trend for licensed practical nurses/vocational nurses (LPN/VNs) in the United States?  
a. The majority of LPN/VNs work in physician offices.  
b. There was an increase in the LPN/VN workforce last year.  
c. There is increased demand for LPN/VNs.  
d. LPN/VN workforce numbers continue to decline.
7. Which statement about advanced practice registered nurses (APRNs) is correct?  
a. Certified nurse anesthetists are the largest subgroup of APRNs.  
b. The greatest predicted need is for more certified nurse practitioners (CNPs).  
c. Physician supervision requirements increase consumer choice and access to care.  
d. Education programs for clinical nurse specialists have tripled in the past year.
8. What is the minimum educational requirement for newly certified APRNs?  
a. Bachelor’s degree  
b. Master’s degree  
c. Doctoral degree  
d. There is no minimum education requirement.
9. According to the Institute of Medicine (IOM), what percentage of the nursing workforce should be BSN-prepared by 2020?  
a. 40%  
b. 60%  
c. 80%  
d. 90%
10. What is one of the consequences of the Institute of Medicine challenge for the nursing workforce to be BSN-prepared?  
a. Hospitals are currently hiring only nurses with BSN degrees.  
b. Legislation is pending in all 50 states requiring “BSN in 10” initiatives.  
c. The number of ADN graduates continues to be higher than BSN graduates.  
d. Most boards of nursing report a large number of BSN nursing program closures.

11. Which trend presents the most significant challenge for nursing education programs?  
a. Inadequately prepared faculty to teach using simulation  
b. Decrease in part-time faculty positions  
c. Accreditation requirements for freestanding vocational schools  
d. Shortage of clinical placement sites
12. What is a benefit of participating in the Nurse Licensure Compact (NLC)?  
a. Permits nursing practice across state lines  
b. Provides the framework for a national licensure  
c. Ensures all nurses meet the same continuing education requirements  
d. Facilitates the right to self-organization and collective bargaining
13. Multiple boards of nursing (BONs) recently approved an advisory statement on which of the following topics?  
a. Conscious sedation and supervision required  
b. The role of nurses in wound debridement  
c. Employment of nursing students as “nurse externs”  
d. Insertion of peripherally inserted central catheters by nurses

14. Which practice issue related to Ebola has ethical, professional, or legal implications for boards of nursing?  
a. A patient with Ebola who dies in an acute-care setting  
b. A nurse who becomes ill after caring for an infected patient  
c. A nurse who refuses an assignment to care for someone with Ebola  
d. A nurse who volunteers in a country with an Ebola outbreak
15. What is the most frequent subject of a complaint submitted to a board of nursing?  
a. Medication errors  
b. Substance use disorder  
c. Incorrect delegation  
d. Inappropriate use of social media
16. Which tool can assist the APRN to identify people seeking narcotics for illegitimate purposes?  
a. HIPDB  
b. Nursys®  
c. TERCAP®  
d. NARxCHECK®

Evaluation Form (required)

1. Rate your achievement of each objective from 5 (high/excellent) to 1 (low/poor).

Describe trends in today’s health care environment.

12345

Discuss trends in the nursing workforce.

12345

State practice issues that affect boards of nursing.

12345

2. Rate each of the following items from 5 (very effective) to 1 (ineffective):

Were the authors knowledgeable about the subject?

12345

Were the methods of presentation (text, tables, figures, etc.) effective?

12345

Was the content relevant to the objectives?

12345

Was the article useful to you in your work?

12345

Was there enough time allotted for this activity?

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# Disciplinary Actions\*\*

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

## CENSURE

**Morgan, Alicia Louise**

Kansas City, MO

**Licensed Practical Nurse 2003004509**

Licensee practiced nursing in Missouri without a current, valid license from June 1, 2012 through August 19, 2013.

Censure 02/06/2015 to 02/07/2015

**Meier, Norma J.**

Moscow Mills, MO

**Registered Nurse 122370**

On April 10, 2014, licensee was on duty in the ICU and responsible for patient care and monitoring of patients. An ICU patient went into a rapid heart rate of 160-180 at approximately 2345 and an unassigned nurse reported this to licensee, who was noted to be sitting at a computer, but engaged in personal matters with her phone. Licensee did not take any action in regard to this patient for the next hour until the unassigned nurse reported the patient’s condition to licensee two more times and suggested a physician be called.

Licensee finally called a physician, but not until the patient’s heart rate was over 200. Licensee did not chart in nurse’s notes that the patient’s heart rate had changed. In another incident on January 17, 2014, licensee assumed responsibility for a patient early in her shift who presented with an excoriated groin area and smelled bad. This patient also was an amputee whom doctors had previously been unable to measure pedal pulses for. Licensee did not bathe the patient or assess the groin area of this patient, and documented and informed the next shift that the patient had a “palpable right pedal pulse.” The next shift had to bathe the patient twice and call a physician to attend to the groin area. When confronted about her lack of care for this patient, licensee simply stated she was too busy to bathe him or attend to the groin area, and when confronted with her own documentation in regard to the pedal pulse that did not exist, changed her documentation on this patient the next day to remove the word “pedal.”

Censure 12/30/2014 to 12/31/2014

**Owens, Brandon Timothy**

Saint Louis, MO

**Registered Nurse 2013033904**

Respondent was required to call a toll free number every day to determine if he was required to submit to a test that day. From June 3, 2014 through September 24, 2014, Respondent failed to call in to NTS on two (2) different days, July 4, 2014 and July 5, 2014. Pursuant to the terms of Respondent’s probation in the Agreement, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of September 3, 2014. Pursuant to the terms of the Agreement, Respondent was required to submit an updated quarterly chemical dependency evaluation to the Board. The Board did not receive an updated chemical dependency evaluation by the documentation due date of September 3, 2014. Pursuant to the terms of the Agreement, Respondent was required to submit quarterly support group attendance forms to the Board. The Board did not receive a support group attendance form by the documentation due date of September 3, 2014.

Censure 12/16/2014 to 12/17/2014

**Smith, Angie**

Saint James, MO

**Registered Nurse 153074**

From January 8, 2013 through September 24, 2014, Respondent failed to call in to NTS on two different days. On September 2, 2014, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Barbiturates. Respondent did not have a prescription for Barbiturates.

Censure 12/22/2014 to 12/23/2014

**Vollmar, Barbara I.**

Festus, MO

**Registered Nurse 155335**

On November 12, 2013, Licensee administered injectable insulin to patient RH at 10:30 AM and 12:16 PM. The electronic

**CENSURE continued...**

medication administration report (eMAR) indicates that nurse SD co-signed both administrations of insulin. Nurse SD’s employment with the hospital ended in June 2013, and she could not have co-signed the administrations of insulin. Licensee admitted to using nurse SD’s password to document that another nurse had co-signed the administrations of insulin. Licensee falsely documented information in patient RH’s medical chart.

Censure 12/02/2014 to 12/03/2014

**Green, Robin S.**

Saint Louis, MO

**Registered Nurse 138747**

On February 26, 2013, licensee removed Percocet for patient A and documented it was administered to patient A. When patient A informed hospital officials that she had not received her pain medication, it was discovered that licensee had taken the Percocet home with her. Although licensee did return the medication to the hospital, and later updated the chart of patient A to reflect the patient did not receive the medication, the licensee failed to initially document or waste the medication according to the hospital’s policies. On April 11, 2013, licensee removed Stadol and Fentanyl on several occasions without documenting the administration thereof to patient B. When investigating the incident, hospital officials discovered that the pyxis distributions did not match the documentation of those medications, nor were all medications removed from the pyxis by licensee accounted for. On April 17, 2013, licensee documented giving patient C 50mg of Fentanyl at both 11:10 am and 2:35 pm. Both entries were made late by the licensee, and the patient reported not receiving any pain medication at all at 11:10 am. Licensee also refused to give her report of patient A’s condition in the afternoon with the patient present while inside patient A’s room.

Censure 01/02/2015 to 01/03/2015

**Fletchall, Brandi Nicole**

Kansas City, MO

**Registered Nurse 2001032319**

Licensee practiced nursing in Missouri without a valid license to do so from May 1, 2013 through July 14, 2014.

Censure 12/25/2014 to 12/26/2014

**Labac, Eric James**

Saint Louis, MO

**Registered Nurse 2012024697**

Licensee’s license expired on April 30, 2013. Licensee practiced nursing in Missouri without a valid license to do so from May 1, 2013 through September 19, 2014.

Censure 01/03/2015 to 01/04/2015

**Day, Rebecca Lynn**

Sikeston, MO

**Registered Nurse 2009022430**

The Board did not receive an employer evaluation or statement of unemployment by the first quarterly documentation due date of June 30, 2014. As of the filing of the probation violation complaint on October 23, 2014, the Board had not received proof of completed continuing education hours for Anger Management 101, but has received proof of completion on other courses.

Censure 12/16/2014 to 12/17/2014

**Dill, Denise R.**

Kansas City, KS

**Registered Nurse 150092**

Licensee practiced nursing in Missouri without a license from May 1, 2013, to December 1, 2014.

Censure 02/26/2015 to 02/27/2015

**Land, Misty Dawn**

Salem, MO

**Registered Nurse 2006001040**

Count I

On April 18, 2014, nurse MA reviewed an audit in the Omnicell system for supplies pulled on that date. Nurse MA discovered that two elastic bandages were pulled under her name. One was pulled at 10:51 am and the other at 4:41 pm. Nurse MA did not withdraw anything from the Omnicell that day and contacted security and her supervisors to report the issue. Security reviewed the video logs and determined that Licensee was using the Omnicell at the same time as the bandage withdrawals. Licensee was also seen on video using one of the bandages on herself. The Chief Nursing Officer (CNO) spoke to Licensee about the two withdrawals and Licensee admitted that she used nurse MA’s sign-on to access the Omnicell to remove two elastic bandages for her personal use.

Count II

On May 4, 2014, Licensee was helping a CMT pass the morning medications. The CMT reported that she had observed Licensee withdraw a narcotic pill from one of the patients’ pill cup. Licensee reported to the Board’s investigator that the pill fell out of the cup and she picked it up and kept it in her hand. Licensee stated that she intended to waste the medication and give a new pill to the patient. Instead of wasting the pill, Licensee ended up giving the dropped pill to the patient. It is against best nursing practice to give a patient a dropped medication.

Censure 02/17/2015 to 02/18/2015

**CENSURE continued...**

**Eichorn, Melissa Jean**

O’ Fallon, MO

**Registered Nurse 2002007298**

Licensee practiced nursing in Missouri without a license from May 1, 2013, to November 7, 2014.

Censure 02/26/2015 to 02/27/2015

**Benear, Thomas William**

St. Paul, MO

**Licensed Practical Nurse 2010013741**

On July 6, 2014, Licensee was caring for resident PR. Licensee was preparing to move resident PR, and as Licensee leaned in, resident PR spit in Licensee’s face. Licensee then slapped resident PR in the face with an open hand. Licensee failed to report his actions to the Director of Nursing or supervisor at that time.

Censure 01/03/2015 to 01/04/2015

**Terrell, Jeffrey Dean**

Sedalia, MO

**Registered Nurse 089902**

A backpack belonging to Licensee was found in an unsecured office on May 12, 2014 which contained multiple vials of various medications, including Propofol, Robinul, Neo-synephrine, and an antibiotic (Ancef), all from stock. Licensee confirmed that the backpack was his and that he had placed the medication items there for possible later use to administer to patients who were on Medicaid or had no insurance. Also, upon a search of licensee’s locker, further medications were found that licensee had stored in his locker for the same purpose.

Censure 01/20/2015 to 01/21/2015

**Jones, Linda A.**

Saint Charles, MO

**Licensed Practical Nurse 051375**

Licensee’s license expired on May 31, 2010. Licensee practiced nursing in Missouri without a valid license to do so from June 1, 2010, through August 7, 2014.

Censure 01/08/2015 to 01/09/2015

**Winkelmann, Terri L.**

O’ Fallon, MO

**Licensed Practical Nurse 038974**

Licensee practiced nursing in Missouri without a valid license to do so from June 1, 2012, through October 16, 2014.

Censure 01/20/2015 to 01/21/2015

**Sanchez, Jenna Marie**

Saint Peters, MO

**Registered Nurse 2010006603**

From January 11, 2013 through October 8, 2014, Respondent failed to call in to NTS on nine (9) separate days. Further, on March 21, 2013 and June 14, 2014, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on either of those days. In addition, on September 6, 2014, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on September 6, 2014. In addition, on nine (9) separate occasions, October 7, 2013; October 16, 2013; October 31, 2013; November 13, 2013; December 18, 2013; January 9, 2014; May 14, 2014; July 17, 2014; and September 3, 2014, Respondent reported to lab and submitted the required sample which showed a low creatinine reading.

Censure 12/16/2014 to 12/17/2014

**Biggs, Theresa Anne**

Centralia, MO

**Registered Nurse 2009022751**

On March 21, 2013 at 00:30, Licensee wrote an order for patient RO to be placed in restraints. Licensee did not receive the order placing patient RO in restraints from a doctor. Licensee did place

**Censure continued on page 12**

**Psychiatric Advanced  
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The Board of Nursing is requesting contact from the following individuals:

Heather Dickerson – PN 1999135145  
Ashley Florez – RN 2008020018  
Amanda Shaw – PN 2011011820  
Cody Welling – PN 2002023782  
Sonja Burk – RN 2009029761  
Nicole Shaw – PN 2008024380  
Sarah Pretz – PN 057743  
John Murphy – RN 2004019246  
Leroy Seitz – PN 2010039967

If anyone has knowledge of their whereabouts, please contact Kristi at 573-751-0082 or send an email to [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

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Censure continued from page 11

patient RO in restraints without proper authorization. Licensee was placed on the Missouri Department of Health and Senior Services Employee Disqualification List for a period of one (1) year, effective December 5, 2013.  
Censure 12/05/2014 to 12/06/2014

## PROBATION

**Henry, Justin Randall**  
Saint Louis, MO  
**Registered Nurse 2014042790**  
On August 25, 2011, Applicant pled guilty to the class C felony of stealing, value equal to or over \$500.00 but less than \$25,000.00.  
Probation 12/10/2014 to 12/10/2018

**Bryant, Julie Elizabeth**  
Springfield, MO  
**Registered Nurse 1999137293**  
On March 26, 2012, Respondent pled guilty to the class A misdemeanor of hindering prosecution, in the Circuit Court of Greene County, Missouri in case number 1031-CR03865-01. She received a ninety (90) day sentence in the Greene County Jail, with execution of that sentence suspended, and she was placed on two (2) years of unsupervised probation.  
Probation 02/04/2015 to 08/04/2016

**Perry, Roxanna L.**  
Lees Summit, MO  
**Licensed Practical Nurse 034096**  
Respondent failed to call NTS on three (3) occasions: August 30, 2014; September 10, 2014; and, September 25, 2014. Furthermore, Respondent was selected to test on September 10, 2014, but since she failed to call, she also failed to test on that date. Respondent was required to have submitted a thorough chemical dependency evaluation and mental health evaluation to the Board by May 12, 2014. The Board received the evaluations on May 22, 2014. In the evaluation, the evaluator reported that Respondent informed the evaluator that she had not smoked marijuana since 1974; however, at her previous disciplinary hearing before the Board, Respondent testified that she had smoked marijuana shortly before she tested positive for marijuana on September 20, 2012. The chemical dependency evaluation was never updated by the evaluator to reflect that Respondent had in fact used Marijuana as recently as September, 2012.  
Probation 01/08/2015 to 01/08/2020

**Kjos, Jennifer Lee**  
Bonne Terre, MO  
**Licensed Practical Nurse 2007003670**  
On September 10, 2010, Respondent pled guilty to the class A misdemeanor of theft/stealing. On October 4, 2013, Respondent pled guilty to the class C felony of possession of a controlled substance.  
Probation 12/22/2014 to 12/22/2019

**Boyce-Winters, Charlotte D.**  
Branson, MO  
**Registered Nurse 139487**  
In June, 2013, inconsistencies were noted in Licensee's nursing activities including charting and removal of medications. On June 14, 2013, licensee received a "written action plan." The action plan was a result of licensee's failure to report abnormal vital signs of one of licensee's patients to a physician which delayed the patient's surgery for six hours; licensee's failure to start a Heparin drip correctly and in accordance with physician's orders in that a Heparin bolus of 5000 was ordered via a drip and licensee set it up to give the patient 5000 units SQ and did not start it until 3 hours after it was ordered; and licensee's

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PROBATION continued...

misinterpretation of a physician's order for Dopamine for 5 mcg/kg per minute which licensee set at 5 ml/hr and did not use the "drug library" of the equipment, resulting in an incorrect rate of dosage. On August 8, 2013, licensee received a "Last chance written agreement." The "last chance agreement" was given to licensee as a result of licensee's failure to properly handle, secure, and dispense medications including controlled substances. On August 27, 2013, licensee received a notice of termination of employment. The termination was a result of licensee's failure to count, document or waste Ativan on August 24, 2013, causing a count error for the nurses following licensee in the next shift. This also followed a directive that licensee must have a co-signer for the next 21 times licensee accessed the Omnicell.  
Probation 01/08/2015 to 01/08/2018

**Thoenen, Wendy Lea**  
Columbia, MO  
**Licensed Practical Nurse 1999136946**  
On April 17, 2013, Licensee pled guilty to the class A misdemeanor of passing bad checks. On July 24, 2013, Licensee pled guilty to the class A misdemeanor of stealing.  
Probation 01/20/2015 to 01/20/2018

**Waller, Chelsea R.**  
Kansas City, MO  
**Licensed Practical Nurse 2007004950**  
On September 11, 2013, the mother of a patient reported that Licensee "reeked of alcohol" and that Licensee seemed to have difficulty understanding what the mother was saying. Licensee was requested to submit to a reasonable suspicion drug and alcohol screen. On September 11, 2013, Licensee tested positive for alcohol on her shift. Licensee had a positive breath test of .078 with a confirmation test of .070. Licensee was offered and accepted treatment from the hospital in order to return to work. She signed a return to work agreement. Pursuant to the hospital policy, a breath alcohol content of over .02 was considered a positive test for alcohol. On October 30, 2013, Licensee had positive breath test of .014 with a confirmatory test of .009. On November 1, 2013, Licensee appeared for testing just prior to her shift starting wearing workout pants, dirty/holey tennis shoes and a sweater that was torn. She was required to wear scrubs for work. On November 1, 2013, Licensee had a positive breath test of .058 with a confirmatory test of .054. Licensee had a pattern of being tardy for work due to oversleeping.  
Probation 12/18/2014 to 12/18/2019

**Feco, Molly Rose**  
Springfield, MO  
**Registered Nurse 2010029481**  
Respondent's attorney was advised by certified mail that Respondent was to attend a meeting with the Board's representative on May 27, 2014. Respondent did not attend the meeting or contact the Board to reschedule the meeting. Respondent failed to complete the contract process with NTS by the due date of June 3, 2014. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the due date of June 17, 2014.  
Probation 01/08/2015 to 02/12/2015

**Stephens, Mary Lucile**  
Lees Summit, MO  
**Registered Nurse 128650**  
On January 7, 2014, Respondent signed a Settlement Agreement with the Florida Department of Health. She agreed that her Florida nursing license would be suspended and would remain suspended until such time as she enters the Intervention Project for Nurses (IPN) and complies with any and all terms and conditions imposed by IPN. The Administrative Complaint alleged the following relevant facts:

On September 6, 2012, while employed as a registered nurse at Hospital, Respondent submitted to a drug-screen urine test at the facility. Her sample tested positive for both marijuana and ethyl alcohol.  
Probation 12/22/2014 to 02/01/2015

Probation continued on page 13



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Probation continued from page 12

**Cantrell, Kevin D.**  
Nixa, MO  
**Licensed Practical Nurse 047345**  
Respondent worked as an LPN at the facility on the shifts of 1900 to 0700 on April 1, 2012; April 2, 2012; and April 3, 2012. Patients at the facility for whom Respondent was responsible on those dates for administering medications to, complained to other staff at the facility that they were not receiving their medications. Facility officials began an investigation into Respondent’s conduct during those three shifts and found that, over the course of the three shifts, Respondent did not administer forty-four different medications to many different patients for whom they had been ordered.  
Probation 12/17/2014 to 12/17/2015

**Cameron, Wendy Lue**  
Springfield, MO  
**Registered Nurse 2005020904**  
On February 24, 2014, Licensee submitted a sample for a pre-employment drug test. The test returned positive for Barbiturates. Licensee stated to the Board’s investigator that on the Friday before she provided the sample, she had a headache and took one of her husband’s prescription pills that he takes for migraine headaches. Licensee did not have a prescription for, or a lawful reason to possess, barbiturates.  
Probation 02/26/2015 to 02/26/2018

**Pipes, Kayla Diann**  
Fulton, MO  
**Licensed Practical Nurse 2015004231**  
On January 24, 2003, Applicant pled guilty to the class A misdemeanor of theft/stealing. On May 23, 2008, Applicant pled guilty to the class A misdemeanor of theft/stealing. On August 14, 2008, Applicant pled guilty to the class A misdemeanor of theft/stealing. On October 31, 2008, Applicant pled guilty to the class A misdemeanor of theft/stealing; the class A misdemeanor of possession of a controlled substance; the class B misdemeanor of trespass in the first degree; and, to two counts of the class C misdemeanor of assault in the third degree. On January 17, 2012, Applicant pled guilty to the class A misdemeanor of theft/stealing. Applicant completed a chemical dependency packet at the Board’s request. Applicant revealed that she received treatment for substance abuse for opiate addiction from June 5, 2012 through October 22, 2012 and did not successfully complete treatment. Applicant further revealed that she has been treated for opiate addiction since 2011 and treatment is ongoing. On May 30, 2014, Dr. W diagnosed Applicant with opioid dependency in remission. Dr. W reported Applicant has a history of Oxycontin addiction, using 80 mg. twice daily for a number of years prior to seeing him. He noted that she has had a “long and difficult struggle.” He has been prescribing her Suboxone to assist her with her cravings and has slowly been tapering down the dosage.

Records revealed that Applicant reported that she had ceased using drug/alcohol approximately five years prior to June 5, 2012; however, she reported that she had started using heroin in 2011 but subsequently stopped using heroin. Records dated June 19, 2012, also revealed that Applicant had used cocaine approximately two years prior.  
Probation 02/10/2015 to 02/10/2020

**Rex, Donna C.**  
Blue Springs, MO  
**Registered Nurse 083106**  
On January 7, 2014, nurse PH informed her supervisor that Licensee had signed nurse PH’s name on the narcotic count sheet after Licensee had filled the narcotic box in the resource room. Licensee admitted to the DON that she had signed another nurse’s name on the witness line for the narcotic count sheet, which made it appear as if that nurse had witnessed the activity when she had not. The DON reviewed records from November

PROBATION continued...

and December 2013 and it was discovered that Licensee had signed nurse MM’s name on narcotic logs on three occasions. Nurse MM reported that she had not given anyone permission to sign her name on narcotic logs.  
Probation 01/01/2015 to 01/01/2016

**Bowman, Christina L.**  
Ashland, MO  
**Licensed Practical Nurse 053779**  
On August 1, 2014, the Cole County Circuit Court reversed the decision of the AHC and found that there was cause to discipline Respondent’s nursing license for testing positive for benzodiazepines for which she did not produce a prescription, for administering narcotics to patients prior to the times that they were ordered by the physician, for failing to document the administration of narcotics on the PRN record, for failing to document pain assessments to justify the amount of pain medications that she documented she administered, for failing to contact the treating physician to discuss that she was administering pain medications, specifically Vicodin, in excess of physician orders and lastly because the court found there was a preponderance of evidence demonstrating that Respondent diverted Vicodin from her employer.  
Probation 01/09/2015 to 01/09/2020

**Walls, Kathryn Marie**  
Montgomery City, MO  
**Licensed Practical Nurse 2002025450**  
On June 20, 2014 at 08:00 am, patient MM was agitated, poured a bowl of oatmeal on another patient, and was swinging a broom around. Licensee attempted to give patient MM 5mg of oral Haldol, which the patient had an order for, in order to calm the patient down. Patient MM refused the oral Haldol. At 08:30 am, Licensee documented receiving an order from advanced practice registered nurse VC for 5 mg of Haldol to be given via an intramuscular injection. Licensee documented giving the injection of 5 mg of Haldol IM to patient MM at that time. After giving the injection, Licensee contacted advanced practice registered nurse CH to get an order for the injection of Haldol. Licensee admitted that she did give the injection of Haldol at 08:30 am. Patient MM did not have an order for injectable Haldol at the time Licensee gave the injection. Licensee’s employment was terminated by the facility on June 26, 2014 for ordering medication and administering it without an order and for falsely documenting the order and administration of the medication in the patient’s medical chart.  
Probation 02/17/2015 to 02/17/2016

**England, Erin Lynne**  
Stoutland, MO  
**Licensed Practical Nurse 2006013119**  
Licensee arrived at work one day suffering from back pain. Dr. SG evaluated Licensee and gave her a prescription for Percocet. On the same afternoon that Dr. SG gave Licensee the prescription, Dr. SG informed Licensee that he was in a lot of pain from his back and asked Licensee to give him some of the Percocet he had just prescribed. Licensee filled the prescription and gave Dr. SG some of the Percocet that she had received. Licensee filled three prescriptions for Percocet that Dr. SG gave her, with the last prescription filled in June 2010. Licensee picked up the prescriptions and gave the pills to Dr. SG. Each

PROBATION continued...

prescription gave Licensee around one hundred to one hundred and twenty (100-120) pills.  
Probation 12/09/2014 to 12/09/2017

**McLendon, Glenn William**  
Springfield, MO  
**Registered Nurse 2006004784**  
On November 29, 2013, Licensee went to the hospital and logged into the pyxis and removed Propofol. He also took supplies and an IV and took them home and began injecting Propofol, and did so until the supply of Propofol ran out. On November 30, 2013, licensee returned to the hospital and removed more Propofol from the pyxis. He then went into a locker room and injected more propofol, before being discovered by a physician. Licensee was charged with Stealing as a result of his conduct and pled guilty to this offense on March 5, 2013. Licensee has attempted to reform himself by seeking in-patient treatment.  
Probation 12/03/2014 to 12/03/2019

**Akers, Stephanie Jane**  
Union, MO  
**Registered Nurse 2004019784**  
On October 2, 2012, a complaint was called in to the agency from a family member of an agency client, stating that some medication was found to be missing from the home of one of Respondent’s agency clients. The medication in question was Hydrocodone, a controlled substance, and Respondent had picked up the Hydrocodone for the client from the pharmacy and had brought it to the client’s home. After Respondent left the home, family members of the client counted the Hydrocodone and discovered approximately 30 pills were missing. The drug test came back on October 10, 2012 and Respondent’s results tested positive for Methadone. On October 10, 2012, Respondent submitted a written statement to the agency admitting that she was given Methadone by a friend and that she consumed it.  
Probation 12/16/2014 to 12/16/2019

**Huffstutter, Judi Lee**  
Independence, MO  
**Registered Nurse 2000162413**  
On March 15, 2014, Licensee withdrew two (2) Norco tablets from the Pyxis on a patient that was not assigned to her. Licensee was not assigned to any patient care activities that night. A 24-hour Pyxis report showed that Licensee removed two (2) Stadol injections on March 14, 2014, for a patient she was not assigned to care for. When questioned by Hospital staff and security, Licensee admitted that she had taken the two (2) Norco tablets but denied taking the Stadol (butorphanol) injections. Licensee later admitted that she had taken the Stadol injections in question, and had been diverting narcotics for personal use since January 2014.  
Probation 02/17/2015 to 02/17/2020

**Leimkuehler, Gina Lynn**  
Brunswick, MO  
**Licensed Practical Nurse 2002025412**  
On December 9, 2013, licensee was counselled for inappropriate behavior toward a patient and a visitor, for not recording medications for admitted patients accurately, and for careless job performance. On January 9, 2014, licensee was counselled

Probation continued on page 14



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Probation continued from page 13

through written warning for inappropriate behavior toward a patient and an employee, failure to use appropriate judgment with regard to patient communication, and improperly discussing health information about one patient in front of another patient. On January 23, 2014, licensee’s employment was terminated by the hospital for falsification of official hospital records after it was discovered that she completed a “newly-admitted patient” form and dated it on January 13, 2014 as if she had actually seen the patient on that date and filled in information regarding the patient’s physical and mental status, including whether the patient was judged to be a suicide risk. The actual admission of the patient did not occur until a week later.  
Probation 02/19/2015 to 02/19/2016

**Gibson, Catherine Elizabeth**  
Lees Summit, MO  
**Licensed Practical Nurse 2012005605**

On the evening of December 21, 2012, resident DB’s son brought a bottle containing 101 pills of Hydromorphone. Licensee was later noted to be less alert than normal, fidgety, and had left the unit on two separate occasions. DB’s son inquired of the nursing staff at about the same time licensee was noted to be acting strangely, that DB appeared to be in pain and apparently had not had his medication. Upon examination of DB’s bottle of medication staff noted that the bottle now only held 81 Hydromorphone pills and 15 Prednisone pills had been placed into the bottle as well. Because licensee was the only nurse at the time with a medication key, licensee was asked to submit to a urine screen drug test. After originally consenting, licensee then refused the test and stated she had taken a Percocet for which she did not have a prescription. When confronted with the fact the Hydromorphone count was off and she was the only person with a key, licensee admitted she took the Hydromorphone pills from resident DB. When asked to produce them, licensee then went to her car and retrieved 12 Hydromorphone pills, 9 that she had taken from resident DB’s bottle and 3 that she had taken from DB’s medication card. When pressed further, licensee produced one more Hydromorphone pill. When the local police department arrived licensee admitted to them that she had been taking medications from the facility since August 18, 2012. The police also found 20 Nicotine patches on licensee’s person that she admitted taking from the facility as well. Licensee also admitted to the police that she had ingested approximately 4 Hydromorphone pills at the facility on December 22, 2012.  
Probation 02/06/2015 to 02/06/2020

**Roby, Jill D.**  
Saint Charles, MO  
**Registered Nurse 136032**

The criminal background check revealed that Licensee pled guilty to two (2) counts of possession of a controlled substance in the Circuit Court of St. Charles County, in case number 0611-CR03502-01, on or about September 2, 2009. Licensee failed to disclose her guilty pleas in case number 0611-CR03502-01 on her Petition, thereby attempting to become licensed through the use of fraud, deception or misrepresentation.  
Probation 01/14/2015 to 01/14/2018

**Bearden, Malissa Gay**  
Winfield, MO  
**Registered Nurse 2002014809**

Licensee’s position was as a patient case manager. Licensee failed to report or document concerning symptoms of a new patient, RY, on March 26, 2014 to her employer or to RY’s attending physician, resulting in RY being admitted to the hospital the next day. Licensee had previously received an

PROBATION continued...

employment corrective action plan on January 9, 2014 for untimely paperwork on her patients. Licensee had further received another warning on March 6, 2014 for untimely paperwork. When licensee did not complete paperwork on patients in a timely manner, this gave an incomplete and untimely account of the patient’s current health to the next nurse or health care provider that would see the patient, possibly placing the patient’s health and/or treatment options in jeopardy.  
Probation 02/19/2015 to 02/19/2017

**Meade, Tina M.**  
Cole Camp, MO  
**Licensed Practical Nurse 039404**

On January 16, 2014, Licensee pled guilty to the class C felony of stealing.  
Probation 01/29/2015 to 01/29/2020

**Reber-Madenyika, Edith Tsungayi**  
Fenton, MO  
**Registered Nurse 2011033994**

The California Board of Registered Nursing disciplined licensee’s license upon grounds for which suspension or revocation is authorized in this state.  
Probation 01/09/2015 to 01/09/2017

**Frydman, Bettie C.**  
Saint Joseph, MO  
**Licensed Practical Nurse 028505**

Respondent did not attend the meeting or contact the Board to reschedule the meeting. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of September 26, 2014.  
Probation 01/09/2015 to 01/09/2019

**Frazier, Miranda Lynn**  
Centralia, MO  
**Licensed Practical Nurse 2011031916**

Licensee was assigned to provide in-home care to patient F, a seven year old disabled child. On October 5, 2013, Licensee arrived at F’s home and was on duty there while F’s mother was asleep in her bedroom. While licensee was on duty, she inhaled the fumes from a can of “Dust-Off.”  
Probation 01/23/2015 to 01/23/2017

**Williams-Jones, LaTasha Nicole**  
Kansas City, MO  
**Licensed Practical Nurse 2014042221**

On July 31, 2014, the Board received Licensee’s Application for License as a Licensed Practical Nurse by Endorsement (Application). On her Application, Licensee checked “no” to the question: “Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed, excluding traffic violations.” Licensee signed an affidavit on her Application that all statements in the Application “are strictly true in every respect.” Licensee was required to submit to a criminal background check as part of the application process. Licensee’s criminal background check revealed the she pled guilty to misdemeanor possession of marijuana in motor vehicle in the Madison County Justice Court, State of Louisiana, on September 4, 2013. Licensee made a false representation on her application by checking “No” to the question: “Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed, excluding traffic violations” and made such false statement under oath. Thus, Licensee used fraud, deception and misrepresentation to attempt to secure a licensed practical nursing license by endorsement.  
Probation 12/05/2014 to 12/05/2017

**Newbury, Tracy L.**  
West Plains, MO  
**Registered Nurse 2009022010**

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PROBATION continued...

On July 1, 2013, a “rapid response” team at the facility had to be called for patient B, whom Respondent had been previously responsible for. Patient B was noted at the time to be unresponsive, had agonal respirations, and had an oxygen saturation level of only 56%. Earlier in her shift, Respondent had documented that patient B had an oxygen saturation of only 36%, and did not document or complete any interventional actions thereto. This was despite the earlier complaints of patient B’s family members that patient B was not “breathing right” that was reported to the facility staff over the course of several hours and the direct observation of a CNA that patient B did not appear to be breathing regularly. Respondent stated later that it was a mistake that she had charted only 36% for patient B. Respondent also stated that she had made an error in her admission note of patient B when it was charted in a lengthy manner at 2300 on June 30, 2013, when the report for this patient from the emergency room (where patient B had come from) was not given to Respondent until 0119 on July 1, 2013. On June 18, 2013, Respondent improperly mixed Vancomycin before it was administered to a patient. On June 24, 2013, Respondent did not complete the admission paperwork for another patient upon being admitted to respondent’s unit, which resulted in an incomplete record of patient information and history, which could endanger patient health. This particular patient was then transferred from respondent’s unit to the ICU, whereupon the ICU staff did not have this critical information in order to properly assess the patient’s condition.  
Probation 12/22/2014 to 12/22/2019

**Gallop, Angela F.**  
Sedalia, MO  
**Registered Nurse 112380**

On May 11, 2011, Licensee pled guilty to the class B misdemeanor of driving while intoxicated. On July 26, 2012, Licensee pled guilty to the class A misdemeanor of driving while intoxicated.  
Probation 12/10/2014 to 12/10/2018

**Marcum, Michael Leland**  
Spring Hill, KS  
**Registered Nurse 2002019966**

From December 17, 2013 through September 24, 2014, Respondent failed to call in to NTS on eighteen separate days. In addition, on one occasion, January 17, 2014, Respondent reported to lab and submitted the required sample which showed a low creatinine reading of 17.7. A creatinine reading below 20.0 is suspicious for a diluted sample. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of August 19, 2014. The Board did not receive proof of any completed continuing education hours by the May 19, 2014 due date.  
Probation 12/15/2014 to 12/15/2019

**Shumpert, Paula M.**  
Saint Louis, MO  
**Licensed Practical Nurse 053620**

Licensee practiced nursing in Missouri without a current, valid license from January 20, 2009 through May 11, 2010. Licensee practiced nursing without a current, valid license from October 20, 2012 through March 7, 2013.  
Probation 01/08/2015 to 01/14/2015

**Winchell, Elizabeth Jean**  
Columbia, MO  
**Registered Nurse 2012002596**

On February 18, 2014, Respondent pled guilty to the class B misdemeanor of driving while intoxicated for operating a motor vehicle on July 21, 2013 while under the influence of a drug or drugs. At the time of the offense, Respondent informed the Highway Patrol Trooper that she had taken her Xanax and some of her father’s morphine that day. Respondent admitted being arrested for driving while intoxicated on July 21, 2013 and admitted that she had taken four (4) Alprazolam that day (which was more than prescribed) and also admitted that she had taken her father’s Morphine that day.  
Probation 01/07/2015 to 01/07/2020

**Ginn, Christine M.**  
Saint Louis, MO  
**Registered Nurse 143093**

On November 12, 2013, licensee was counseled for failing to follow the medication policy for “scanning” both the patient and each medication the patient receives and for failing to document physician’s orders which were given over the telephone. On January 28, 2014, licensee was counseled for failing to follow the policy on carrying cell phones during work time and failing to complete required documentation on her patients before leaving her shift. On February 4, 2014, licensee was counseled for attempting to transport a patient to the radiology department without oxygen, which had been required by a physician’s order, and for wrongful documentation of medications. On March 27, 2014, licensee was counseled for having a loud confrontation with others in a public area, failing to document shift assessments, poor documentation on core measures on two different patients, failing to follow infection control procedures, failing to use proper preparation for self-glucose monitoring, and attempting to “hand-off” patients to other nurses before going on break without going through proper procedures. The final incident which resulted in licensee’s termination occurred on April 11, 2014 when licensee directed a patient’s wife that she could remove an advanced directive from her husband’s medical record and take it home with her, which she did. Licensee

Probation continued on page 15



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admitted to the Board’s investigator that she had in fact taken the advanced directive out of the husband’s medical record and gave it to the patient’s wife to take home.  
Probation 01/08/2015 to 01/08/2016

**Cole, Samantha Kristina**  
Independence, MO  
**Licensed Practical Nurse 2007014792**

On December 3, 2013, Licensee received a written warning for failing to be approachable to family concerns regarding a resident’s care needs and being rude to the reporting family. On December 6, 2013, Licensee received a warning for failing to follow through on physician orders which resulted in three residents not having appropriate lab work drawn as ordered. On January 7, 2014, Licensee was observed speaking harshly to a resident and failing to toilet the resident after the resident made her needs known. Licensee’s supervisor had Licensee count off her medications and sent Licensee home due to the above situation. On January 7, 2014, during the medication count, it was discovered that Licensee had charted the administration of medications to two residents at 08:00 am, but the medications were discovered in the medication cart at approximately 10:00 am. Licensee falsified medical records by charting the administration of medications without actually giving the medications.  
Probation 02/17/2015 to 02/17/2017

**Stanley, Cody Nathan**  
Jonesboro, IL  
**Licensed Practical Nurse 2015000379**

On February 22, 2009, Applicant pled guilty to driving while under the influence in the Circuit Court of Union County, Illinois. On November 26, 2010, Applicant pled guilty to driving while under the influence in the Circuit Court of Union County, Illinois. On January 14, 2014, Applicant had an alcohol-related enforcement contact as defined by 630.252.3 RSMo, in that Applicant was stopped by law enforcement in Johnson County, Illinois and refused to submit to chemical testing under Illinois’ implied consent law set forth in 625 ILCS 5/11-501.1.  
Probation 01/07/2015 to 01/07/2020

**Jacoby, Karen L.**  
Saint Louis, MO  
**Licensed Practical Nurse 057723**  
On October 2, 2013, licensee, while on duty and caring for patient M, left the home of patient M while she went on an errand for approximately an hour and a half, from 6 pm to 730 pm. Licensee on her hourly paperwork in relation to patient M indicated a start time of 11 am and an end time of 11 pm. Licensee did not clock out for this time. Licensee did not chart in the patient’s chart that she left the patient at home. Licensee admitted that she had left the client on the above date and time and stated the reason she did not update her timesheet was because she was “confused.”

Licensee admitted to the Board’s investigator that her failure to correct her hours in relation to patient M was “her mistake” and that she “should have” done so.  
Probation 01/20/2015 to 01/20/2016

REVOKED

**Risner, Suzanne Marie**  
Springfield, MO  
**Registered Nurse 2009003086**  
Respondent was advised by certified mail to attend a meeting with the Board’s representative on September 9, 2014. Respondent did not attend the meeting or contact the Board to reschedule the meeting. In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse within five (5) weeks of the effective date of the Agreement. Respondent was required to complete the TPA’s contract and submit the completed contract to the TPA by September 25, 2014. Respondent did not complete the contract process with NTS. Pursuant to the terms of the Agreement, Respondent was required to submit a chemical dependency evaluation to

the Board within eight (8) weeks of the effective date of the Agreement. Respondent was required to have that evaluation submitted to the Board by October 16, 2014. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf.  
Revoked 12/04/2014

**Acree, Jennifer Anne**  
Prairie Village, KS  
**Registered Nurse 2007033476**  
The Kansas State Board of Nursing disciplined Respondent’s nursing license upon grounds for which suspension or revocation is authorized in this State.  
Revoked 12/11/2014

**Marrs, Jenniffer Renae**  
Mound City, KS  
**Registered Nurse 2011041705**  
On October 28, 2013, Respondent pled guilty to four (4) counts of attempted possession of up to 35 grams of a synthetic cannabinoid. On or about October 15, 2013, Respondent pled guilty to “use or possess with intent paraphernalia to cultivate controlled substance” in violation of K.S.A. 21.5709.b.1 in the District Court of Linn County, Kansas.  
Revoked 12/10/2014

**Dickerson, Heather Suzanne**  
Lebanon, MO  
**Licensed Practical Nurse 1999135145**  
On September 18, 2012, while on duty at Facility, Respondent was observed to be acting strangely by other employees and spending excessive amounts of time in a bathroom there. A Facility staff member noted Respondent’s skin to be flushed bright red, noted that she was diaphoretic, and her hands were shaking. She appeared to be very tired and sleepy. Respondent was also noted to have her eyes drooping while she spoke, and was weaving and swaying. She appeared to be falling asleep in several instances. Respondent was not in an appropriate mental or physical condition to be performing the work of an LPN, which requires substantial specialized skill, judgment and knowledge. Respondent did not attend to the residents she was supposed to be caring for by spending a large amount of time in the bathroom. When Respondent did emerge from the bathroom, she was pale and agitated. When asked a question, it had to be repeated to Respondent several times because she could not answer. Respondent was also very unsteady on her feet. A Facility supervisor inspected the bathroom that Respondent had been in immediately after Respondent left the bathroom, and the supervisor found a blood smear on the floor, a bloody syringe in the trash, and bloody towels and a five-dollar bill with blood on it. Respondent also was noted to have a syringe in her hand, which she then gave to the supervisor with no comment. Respondent was also noted to have a “band-type” bump on her upper arm. Respondent then attempted to return to her duties but while attempting to give a PRN medication to a resident, she was unable to sign medications out and while standing at the medication cart, fell forward, hitting her head and dropping medication sheets on the floor. At that time, the facility requested that Respondent take a drug test. Respondent initially responded that she was not going to be able to give a sample, but was then later observed going into a resident’s bathroom with a resident, spending an inordinate amount of time in the bathroom with the resident, and upon emerging from the resident’s bathroom it was noted there was water and urine all over the bathroom. Respondent then announced she was ready to

give a urine sample. Respondent then falsely gave a urine sample in a Facility restroom while a Facility supervisor observed, pretending it was her sample by using the Facility resident’s urine and pouring it into a sample cup and presenting it to a supervisor as her own urine.  
Revoked 12/04/2014

**Milligan, Christopher William Aaron**  
Branson, MO  
**Registered Nurse 2011033955**  
Respondent admitted that he had been diverting Dilaudid from the facility over the past several months and had administered it to himself on many different occasions. Respondent also admitted he had obtained another nurse’s password to facilitate his diversion from the facility’s Omnicell drug-dispensing devices, in addition to using his own password and improperly diverting Dilaudid by charting it as “waste” when he in fact diverted it to himself and consumed it and administered it to himself. Respondent subsequently tested positive on a for-cause drug screen for Dilaudid done at the request of the facility.  
Revoked 12/04/2014

**Runion, Amy Marie**  
Mount Vernon, MO  
**Licensed Practical Nurse 2001003762**  
In accordance with the terms of the Order, Respondent was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug had been prescribed by a person licensed to prescribe such drug and with whom Respondent had a bona fide relationship as a patient. On September 30, 2014, Respondent sent an email to the Board and admitted to relapsing and using methamphetamine.  
Revoked 12/10/2014

**Delashmit, Sarah Ann**  
Highland, IL  
**Registered Nurse 2013030574**  
The Board of Nursing of the State of Oklahoma disciplined Respondent’s nursing license upon grounds for which suspension or revocation is authorized in this State.  
Revoked 12/10/2014

Revocation continued on page 16

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Revocation continued from page 15

**Oliver, Kimberly Sue**  
Columbia, MO  
**Licensed Practical Nurse 2000168572**  
Respondent was required to contract with the Board approved third-party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse within twenty (20) working days of the effective date of the Agreement. As of May 21, 2014, Respondent failed to complete the contract process with NTS and more than twenty (20) working days had passed since the effective date of the Agreement. Pursuant to the terms of the Agreement, Respondent was required to submit a chemical dependency evaluation to the Board within six (6) weeks of the effective date of the Agreement. As of the May 21, 2014, the Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf and more than six (6) weeks had passed since the effective date of the Agreement. Pursuant to the terms of Respondent's probation, Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by May 19, 2014. The Board did not receive proof of any completed continuing education hours by May 19, 2014. Pursuant to the terms of Respondent's probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of May 19, 2014.  
Revoked 12/10/2014

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REVOCATION continued...

**Becker, Carla J.**  
Springfield, MO  
**Licensed Practical Nurse 035522**  
On July 11, 2014, a Sentence and Judgment was issued as a result of Respondent pleading guilty on April 16, 2014, to the class C felony of stealing. Respondent stole a ring from a patient under her care.  
Revoked 12/05/2014

**Sutherland, Veronica Denise**  
Saint Louis, MO  
**Licensed Practical Nurse 2002027451**  
On July 7, 2014, Respondent pled guilty to stealing. Between March 22, 2012 and April 20, 2012, Respondent appropriated Oxycodone which was in the charge of her employer, and appropriated the Oxycodone without the consent of her employer and with the purpose to deprive her employer of the Oxycodone.  
Revoked 12/10/2014

**Silkwood Walker, Tracey**  
Charlevoix, MI  
**Registered Nurse 120564**  
Respondent's license was disciplined in another state upon grounds for which suspension or revocation is authorized in this state.  
Revoked 12/04/2014

**Jarman, Julia Marlene**  
Overland Park, KS  
**Licensed Practical Nurse 2012015120**  
On November 7, 2013, Respondent pled guilty to two counts of Violation of a Protective Order in the District Court of Johnson County, Kansas.  
Revoked 12/18/2014

**Brooks, Elizabeth D.**  
Sikeston, MO  
**Registered Nurse 152284**  
Respondent worked in the Maternal Child Department at the hospital. Respondent had access to various patient files and records as part of her duties. Respondent took one patient's medical records and a portion of another patient's nursing notes out of the hospital and took them home with her. Such files contained personal information and information protected under the Health Insurance Portability and Accountability Act (HIPAA - 42 U.S.C. Section 300 et seq.). Respondent was called by the hospital at home when the files could not be located. Respondent denied having the files, but agreed to come in to help look for them. Respondent was confronted in the ER Department of the hospital when she arrived and both items were found in her bag. Respondent's conduct resulted in a delay of treatment to one of the patients involved.  
Revoked 12/04/2014

**Dedman, Leanna Dawn**  
Sedalia, MO  
**Licensed Practical Nurse 2012027144**  
From July 11, 2014, when Respondent completed the contract with NTS, through September 22, 2014, Respondent failed to call in to NTS on thirty-four (34) days. In fact, Respondent has not called in to NTS since August 21, 2014. In addition, on August 25, 2014 and September 16, 2014, Respondent failed to call NTS; however, these were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on August 25, 2014 and September 16, 2014. Pursuant

REVOCATION continued...

to the terms of Respondent's probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of September 17, 2014.  
Revoked 01/14/2015

**Parker, Holly Suzanne**  
Bertrand, MO  
**Licensed Practical Nurse 2001021748**  
From March 31, 2014 through October 22, 2014, Respondent has failed to call in to NTS on 128 days. Respondent ceased calling NTS on June 18, 2014. In addition, on June 24, 2014; July 17, 2014; July 28, 2014; August 7, 2014; August 25, 2014; September 18, 2014; and, October 6, 2014, Respondent failed to call NTS; however, all were dates that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on those dates. As part of the terms of her disciplinary period, Respondent was required to completely abstain from the use or consumption of alcohol in any form regardless of whether treatment was recommended. On June 11, 2014, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Pursuant to the terms of Respondent's probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of June 30, 2014. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by June 29, 2014. The Board did not received proof of any completed continuing education hours by the June 29, 2014 due date. Respondent was additionally required to undergo and have submitted a thorough chemical dependency evaluation to the Board by May 12, 2014. The Board received a discharge summary; however, the discharge summary did not meet the requirements for a chemical dependency evaluation as outlined in the Board Order. On June 18, 2014, the Board's Discipline Administrator sent Respondent a warning letter, via certified mail to Respondent's address of record, notifying Respondent that the discharge summary she submitted did not meet the Board's requirements and that she had missed calling NTS on three (3) occasions. The letter was returned to the Board as "return to sender, unclaimed, unable to forward." Pursuant to the terms of the Board Order, Respondent was required to notify the Board of any change of address and to comply with the Nursing Practice Act, which also requires licensees to keep the Board updated on the licensee's current address and to cooperate with the Board during an investigation. Respondent has either failed to keep the Board updated on her current address or is avoiding service from the Board and failing to cooperate with the Board. On September 24, 2014, Respondent pled guilty to the class A misdemeanor of endangering the welfare of a child and to the class C felony of domestic assault in the second degree. Respondent additionally pled guilty to the class C felony of possession of a controlled substance, which lead to the discipline issued by the Board; however, her criminal probation was revoked in that case as a result of her guilty pleas and for violating the drug conditions of her probationary terms. She was sentenced to three (3) years in

Revocation continued on page 17

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Revocation continued from page 16

the Department of Corrections and ordered to complete the 120 day treatment program in the Institutional Treatment Program. Revoked 12/08/2014

**Komaraju, Rudra Dev**  
Madison, IL  
**Registered Nurse 2006025558**  
Respondent's North Dakota nursing license was disciplined upon grounds for which suspension or revocation is authorized in this State.  
Revoked 12/16/2014

**Uptegrove, Jacinda Renee**  
Clinton, MO  
**Registered Nurse 2000146059**  
From Respondent's last appearance before the Board on June 11, 2014 through September 23, 2014, Respondent has failed to call in to NTS on thirty-one (31) occasions. Respondent's last actual call to NTS was on August 24, 2014. Further, on July 14, 2014; July 24, 2014; August 19, 2014; and August 22, 2014, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested samples on the four (4) dates of July 14, 2014; July 24, 2014; August 19, 2014; and August 22, 2014. In addition, on September 10, 2014, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on September 10, 2014 as well.  
Revoked 01/09/2015

**Knupp, Patricia Jean**  
Tamms, IL  
**Licensed Practical Nurse 2006028259**  
The Board did not receive an employer evaluation or statement of unemployment by the quarterly documentation due dates of June 2, 2014 and September 1, 2014.  
Revoked 12/04/2014

**Wagner, Kittie A.**  
Independence, MO  
**Registered Nurse 145103**  
At the end of the meeting, Respondent was to sign the meeting summary and return a copy to Ms. Wolken. The Board has never received a signed copy of the meeting summary from the meeting held on September 18, 2013. In accordance with the terms of the Order, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse, within

REVOCATION continued...

twenty (20) working days of the effective date of the Order. Respondent failed to complete the contract process with NTS. Pursuant to the terms of Respondent's probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of December 3, 2013; March 3, 2014; or, June 3, 2014. Pursuant to the terms of the Order, Respondent was required to submit a chemical dependency evaluation to the Board within six (6) weeks of the effective date of the Order, by October 15, 2013. The Board did not receive a chemical dependency evaluation submitted on Respondent's behalf by October 15, 2013. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by December 3, 2013. As of the filing of the probation violation complaint on August 4, 2014, the Board had not received proof of any completed continuing education hours. Respondent relapsed by using alcohol, her drug of choice, after she had been through two (2) rehabilitation programs and is currently receiving treatment from a third rehabilitation program.  
Revoked 12/15/2014

**Morse, Shelia D.**  
Pacific, MO  
**Licensed Practical Nurse 037103**  
During the month of February 2013 the facility Director of Nursing (DON) received reports about how Respondent was acting and that Respondent had been using controlled substances. On February 11, 2013, the facility DON confronted Respondent about these reports and requested a for cause drug screen. Respondent admitted to the DON that she would test positive for Percocet. Respondent also reported to the DON that she had used methamphetamine the prior week. Respondent then refused to perform the drug screen. Respondent was sent home from the facility and told she could not return to the facility. On February 11, 2013, Respondent went into the agency office after leaving the facility. The agency requested that Respondent submit to a for cause drug screen. The sample that Respondent provided tested positive for opiates and methamphetamine. Respondent admitted to the agency that she had fallen off the wagon and used methamphetamine.  
Revoked 12/04/2014

**Young, Sherry Ann**  
Dittmer, MO  
**Licensed Practical Nurse 1999136139**  
On April 3, 2014, Respondent pled guilty to the class B felony of aiding escape of prisoner confined for a felony and to the

REVOCATION continued...

unclassified misdemeanor of conspiracy to escape or attempted escape from confinement. Respondent met the prisoner that she attempted to aid escape while the prisoner was incarcerated at the St. Charles County Jail and she was working at the jail as a nurse. Respondent purchased and delivered a handcuff key to the prisoner and also purchased a gun for the prisoner. Respondent additionally admitted to the Board in a written statement that she delivered marijuana to the prisoner while he was incarcerated on two (2) occasions.  
Revoked 12/15/2014

**Shay, Nancy A.**  
Bossier City, LA  
**Registered Nurse 2000165266**  
The Missouri State Board of Nursing received information from the Louisiana State Board of Nursing via the NURSIS website that Respondent's application for licensure by endorsement was delayed in Louisiana due to "noncompliance with the Recovering Nurse Program and evidence of potential inability to practice nursing with reasonable skill and safety to individuals because of use of alcohol or drugs." Specifically, the Louisiana State Board of Nursing found: 1. On or about December 17, 2011, [Respondent] was arrested in Johnson County, Missouri for Driving While Intoxicated - Alcohol. On March 23, 2012, in the 17th Judicial Circuit of Johnson County, Missouri, [Respondent] entered a plea of Guilty [sic] to the above mentioned charge and was sentenced to two years of unsupervised probation. 2. From April 2, 2012 through April 30, 2012, [Respondent] entered and completed treatment for alcohol dependence.  
Revoked 12/15/2014

**Dunwald, Bobbi Jo**  
Jackson, MO  
**Registered Nurse 2008020171**  
From July 16, 2014, until the filing of the probation violation complaint, Respondent failed to call in to NTS on forty-three (43) different days. Respondent had not called in to NTS since September 7, 2014. Due to her failing to call NTS, Respondent consequently failed to submit to drug and alcohol testing on four (4) different occasions. Pursuant to the terms of the Order, Respondent was required to submit a chemical dependency evaluation to the Board within eight (8) weeks of the effective date of the Order. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of September 10, 2014.  
Revoked 12/04/2014

Suspension continued on page 18



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***SUSPENSION continued...***

From June 19, 2013, when Respondent completed the contract with NTS, through October 2, 2014, Respondent failed to call in to NTS on eight different days. In addition, on two occasions, February 19, 2014 and May 30, 2014, Respondent reported to the lab and submitted the required samples which showed a low creatinine reading. On February 19, 2014 the creatinine reading was 8.7 and on May 30, 2014 the creatinine reading was 16.6. A creatinine reading below 20.0 is suspicious for a diluted sample. On June 9, 2014, the Board received an employer evaluation indicating that Respondent did not show a copy

Probation 01/06/2015 to 01/06/2020

Saint Louis, MO

**Licensed Practical Nurse 2005000647**

Probation 01/02/2015 to 07/16/2019

Lees Summit, MO

**Licensed Practical Nurse 2011031023**

On March 28, 2012, the Director of Nursing ("DON") at the facility determined that a card of the narcotic hydrocodone,

**SUSPENSION continued...**

Probation 06/18/2015 to 06/18/2020

**Cash, Debbera J.**

Cassville, MO

**Licensed Practical Nurse 034636**

Licensee voluntarily surrendered her Missouri nursing license on February 19, 2015.

Voluntary Surrender 02/19/2015

**Feco, Molly Rose**

Springfield, MO

Registered Nurse 2010029481

On February 13, 2015, Licensee voluntarily surrendered her Missouri nursing license.

Voluntary Surrender 02/13/2015

**Shepard, Jacob Charles**

Saint Louis, MO

**Registered Nurse 2009022691**

On December 3, 2014, Licensee surrendered his Missouri nursing license.

Voluntary Surrender 12/03/2014

**Stephens, Mary Lucile**

Lees Summit, MO

**Registered Nurse 128650**

Mary Stephens voluntarily surrendered her Missouri RN license

Voluntary Surrender 02/02/2015

**Gilbert, Michael L.**

Country Club, MO

**Registered Nurse 137682**

Count I

On September 29, 2013, Licensee documented that he gave medication to patients in his care. However, medication errors were discovered including medications being given to patients too early or not being awake to receive the medications. Licensee later admitted to the Board's Investigator that on

**Voluntary Surrender continued on page 19**

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Voluntary Surrender continued from page 18

September 29, 2013, Licensee had signed out three (3) Ativan tablets for patients and did not give those pills to the patients, but rather put the pills in his pocket and took those pills with him when he left the facility. On October 9, 2013, facility administrators suspected that Licensee was diverting patient medication. Licensee was searched and the following items were found on Licensee’s person: One Ativan 2 mg tablet, Two diphenhydramine 50 mg capsules, Five chlorphenamine 4 mg tablets, Seven Norco, a combination of hydrocone and acetaminophen, tablets, and Seven baclofen tablets. The Norco and baclofen tablets were found to belong to Licensee; however, Licensee admitted to taking the remaining medications from the facility. Licensee later admitted to the Board’s Investigator that on October 9, 2013, Licensee had signed out the Ativan tablet for a patient, but put it in his pocket instead. Licensee signed out medication for patients which they did not receive.

Count II  
Licensee worked as a registered professional nurse for a facility located in St. Joseph, Missouri. On April 16, 2014, Licensee arrived at the facility at about 7:30 PM to assist with the evening shift medication pass. Licensee was responsible for passing medications to sixteen (16) patients. At about midnight, nurse MS checked on Licensee to see if he had finished the medication pass and was ready to count off on the medication cart. Nurse MS discovered Licensee at the medication cart with his head down and apparently asleep. Medications and medication cards were spread over the medication cart. Licensee was unable to reconcile the medications on the cart with the medication count sheet. Licensee had only passed medications to three (3) of the patients, failing to properly administer medications to all patients in his care. In addition, Licensee had failed to properly chart the medication administrations. Licensee had documented the administrations on incorrect dates in the patients’ charts. Licensee fell asleep while in control of the medication cart and failed to properly control the narcotics in his custody. Licensee later admitted to the Board’s Investigator that he had fallen asleep while on duty, had failed to pass all medications, and had failed to properly document the medications he had administered.  
Voluntary Surrender 01/27/2015

**Jackson, Deborah R.**  
Saint Louis, MO  
**Licensed Practical Nurse 021806**  
On March 12, 2014 Licensee assumed responsibility for a pediatric patient and was going to dress a wound on his foot. The pediatric patient became agitated and hit licensee in the face. In turn, licensee spanked the pediatric patient twice.  
Voluntary Surrender 01/06/2015

**Klemp, Paula K.**  
Farmington, MO  
**Registered Nurse 069680**  
Licensee had approximately 40-42 clients during January, 2014. Licensee made home visits of one to two every day to the clients assigned to her but did not always categorize them as “official visits” or document them as such in her paperwork. Licensee accepted prescription medications that were unused from her clients and stored them in a cabinet at her place of employment. Licensee on occasion would redistribute those medications to other clients.  
Voluntary Surrender 12/04/2014

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE

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☐ ADDRESS

☐ PHONE

☐ ALTERNATE PHONE

☐ EMail

☐ RN

☐ APRN

☐ LPN

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Social Security Number

NAME AS CURRENTLY IN OUR SYSTEM

Last Name (Printed)

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NEW INFORMATION

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First Name

Middle Name

( )

( )

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Alternate Phone Number

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STATE

ZIP

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